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ABSTRACT

These meetings of the House Subcommittee on Agriculture were held to discuss the state of public health and its relation to good nutrition. The education of consumers was the prime focus, and witnesses before the committee were nutrition experts and consumers, who expressed their concerns, demands, and needs. (JD)

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HEARINGS

BEFORE THE

SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER RELATIONS, AND NUTRITION

OF THE

COMMITTEE ON AGRICULTURE
HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS

FIRST SESSION

SEPTEMBER 27 AND 28, AND OCTOBER 6, 1977
WASHINGTON, D.C.

NOVEMBER 7, 1977
BOSTON, MASS.

Serial No. 95–Z

Part 1

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NUTRITION EDUCATION

TUESDAY, SEPTEMBER 27, 1977

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON DOMESTIC MARKETING,
CONSUMER RELATIONS, AND NUTRITION OF THE
COMMITTEE ON AGRICULTURE,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:35 a.m., in room 1301, Longworth House Office Building, Hon. Frederick Richmond [chairman of the subcommittee] presiding.

Present: Representatives McHugh, Panetta, Baldus, Glickman, Volkmer, Symms, Heckler, and Grassley.

Staff present: John R. Kramer, special counsel; Peggy Pecore, Christine D. Abram, clerks; Ann Cole, Joseph R. Crapa, Mary C. Jarratt, Rita L. DiSimone and Luise Light.

Mr. RICHMOND. The Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition will come to order.

It is a pleasure to welcome you to our hearings—6 out of 10 of the leading causes of death in this country have been linked to the way we eat. Our diet, overrich in fat, cholesterol, refined sugars and starches, salt and alcohol is associated with epidemic rates of heart disease, cancer, high blood pressure, stroke, hardening of the arteries and cirrhosis.

In the United States today 1 out of 3 men and 1 out of 6 women can be expected to die of heart disease or stroke before the age of 60. Twenty-five million adults suffer from high blood pressure. Approximately 5 million others are victims of diabetes. At least one-fourth of all adults in the United States are overweight to a degree that jeopardizes health and longevity.

The American way of eating has undergone dramatic changes in the last 50 years. Nutrition and health experts consider these changes poorly suited to a national lifestyle which is typically sedentary and filled with emotional stress.

The pattern of breakfast on the grab, lunch on the run, drinks and snacks, and late dinners of meat, starches, and sweets is in sharp contrast to the way Americans lived in the early decades of the century. The average consumer of this period ate a simple diet with few rich frills, only occasional meat, and heavy reliance on fresh fruits, vegetables, and grains.

Last year, however, we Americans consumed an average of 125 pounds of fat, 129 pounds of beef, 100 pounds of refined sugar, 5 pounds of additives, and the equivalent of 295 12-ounce cans of soft drinks.

Foods in the marketplace have undergone a technological revolution in the last decade. An average of 7,000 new food products are introduced into our markets annually. Unlike conventional foods, these processed items tend to contain excessive amounts of fat, sugar and salt.

Changes in the food marketplace parallel the changes in our social environment, 1 out of 5 American meals are now eaten out of the home. By 1980 the industry predicts that it will be 1 out of every 3 meals.

The nutritional impact of television commercials on the food habits of children is devastating; 40 million children under the age of 12 watch an average of 8,500 to 13,000 food commercials each year. Instead of containinng nutrition information, these commercials promote sweet, sticky, gooey, fun foods and drinks that have serious consequences on the health of our children.

Often the most heavily advertised foods are the least nutritious. Research conclusively shows that children 7 years and younger subjected to junk food ads cannot discriminate advertising fancy from fact and tend to believe that happiness is eating a sweet cereal or a snack.

Consumers assaulted by a barrage of commercal food claims, dire health warnings, and conflicting and contradictory advice are either falling victim to panic or throwing their hands up in befuddlement.

In the absence of reliable guidance they are spending $10 billion a year on fad diets which may do more harm than good. Billions more are spent on vitamin supplements and so-called health foods. Anxious homemakers study newspapers and magazines for advice in food columns. These columns area as avidly scanned as advice to the lovelorn.

Turning away from the loud, shrill voices of hucksters, vendors, and unhealthy persuaders, consumers are looking to the Federal Government as a reliable, unbiased source of knowledge about the food they are eating.

What is the Federal Government doing to respond to these consumer needs? My friends, it is exactly this question that I asked the Library of Congress to investigate last year.

After conducting a landmark study of the entire Federal Government, do you know what they found? They found that we are spending $70 million a year on a patchwork of more than 30 uncoordinated and unfocused programs administered by 11 different agencies which are going blithely about their business in splendid isolation from each other and the contemporary world in which we live.

If one were to judge by some of the pamphlets we print and the lectures and demonstrations we support on canning and home freezing, we could conclude we have not changed in the past two generations.

What an illusion. We are, of course, living in the age of electronic media. Instant replay brings us from one corner of the world to the other. Yet, when we want answers to our nutrition questions from the Federal Government, we must wait 6 weeks or more to receive a pamphlet from the Government Printing Office.

Or, even worse, we may have to suffer through a demonstration on cake decorating from our county agent before we can learn how to reduce fat and sugar in our diet.

Today we are doing something unique in the history of this committee. Instead of having producers, technocrats, and marketers to tell us what is good for the consumer, we are going to hear directly from consumers and their representatives. We want them to tell us directly of their concerns, their demands, and their needs.

In our survey of Federal activities in nutritional education, not once did we find that consumers had been consulted in shaping the programs which are so vital to their health and well being.

I can understand how the consumers cannot hear the whispered voice of the Government in the marketplace, but for the life of me, I cannot comprehend how bureaucrats can so completely ignore the rising voice of consumers.

Today and tomorrow this voice shall prevail on our committee room. In fact, it is not one voice we shall hear, but many voices. Although these voices, like our population, are diverse, representing middle class and poor, young and old, majority and minority, rural and urban, the concerns are remarkably similar.

Be assured that this subcommittee shall deliver your message next week to the Government policymakers who Congress has mandated to inform and counsel the public. This subcommittee takes its jurisdiction very seriously. Our charge is to protect the interests of the consumers in matters pertaining to food and nutrition.

You have the right to receive answers to your questions when you want them, where you want them, and how you want them. We promise you, who have come to participate in our hearings, that your words will guide us.

Thank you very much.

Are there any comments?

Mr. McHugh?

Mr. McHugh. No, Mr. Chairman, except to compliment you on initiating these hearings and for taking an interest from the very beginning of your tenure in Congress in this vital subject. I know we have Senator Dole and some other important witnesses here, so I do not want to take up any time with preliminary remarks.

Mr. Richmond. Thank you, Mr. McHugh.

Mr. Symms?

Mr. Symms. Thank you, Mr. Chairman.

I will make the same compliment to you for holding these hearings. We can proceed with Senator Dole.

Mr. Richmond. Any other comments?

Mrs. Heckler?

Mrs. Heckler. I want to join the accolades. I would say these hearings are long overdue, but that we are very, very serious in terms of taking the subject matter beyond the hearing stage to the point of action and implementation. We expect to hear from activists. We are tired of watered-down Government pamphlets that deal with the simplistic point of view of a 6-year-old or the sophisticated needs of the institutional chef.

I think between these two extremes we find great masses of Americans are receiving very little help from the Government on nutrition. I look forward to the hearings and I look forward to the specific direction that the witnesses can offer this committee because we do intend to proceed. We do not intend to have these hearings gather dust, as so many others do, in terms of the record and the recommendations.

So, I look forward to what we are going to learn today.

Mr. RICHMOND. Thank you.

Any other comments?

Mr. Glickman, I will give you the honor of introducing our first witness.

Mr. GLICKMAN. Thank you very much, Mr. Chairman.

It is a pleasure to introduce my colleague from Kansas, Senator Dole. Although we are on different sides of the aisle, I do not think there is anybody in this Congress who has demonstrated a greater commitment to agricultural problems than has Senator Dole. His commitment has been in helping to pass a fair and comprehensive farm bill on the Senate side. This is well known.

He also is committed to a broad variety of other things, including nutrition research.

Senator Dole, it is a pleasure to have you, as a Kansan here on this side. I know you have served in this House. I am pleased to have you here. I am glad that our colleagues have a chance to listen to you.

Mr. RICHMOND. Welcome, Senator.

[The prepared statement of Hon. Bob Dole, a U.S. Senator from the State of Kansas, follows:]

STATEMENT OF SENATOR BOB DOLE

BEFORE HEARINGS OF THE HOUSE AGRICULTURE COMMITTEE
SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER RELATIONS, AND NUTRITION

Tuesday, September 27, 1977
9:30 AM - 1301 Longworth Building

Mr. Chairman, I appreciate the opportunity to take part in the first of a series of Nutrition Education Hearings. It's my understanding that the purpose of this first hearing is to "evaluate the current status of the federal government's nutrition education effort from the consumer's viewpoint. And to answer the question! Is the current federal effort adequate and appropriate?"

We are indebted to the distinguished Congressman from New York, Fred Richmond, for initiating the first study designed to provide insight into nutrition education activities of the federal government. As a follow-up of that survey, Congressman Richmond and his able staff have arranged these two days of hearings.

I am impressed with the witnesses. The subcommittee is commended for bringing together diverse thinking that's needed to adequately tackle a subject like Nutrition Education of the Consumer.

KEY ROLE FOR DIET AND NUTRITION

In recent months we have learned a lot about how diet and nutrition play a major role in preventing disease, and extending our productive years. It is apparent that the best hope for achieving any significant extension of life expectancy lies in the area of disease prevention, not cure, and that nutrition along with life style and habits of personal care, provides the foundation for sound prevention. More and better nutrition education to today's consumers will help assure us of this foundation.

The factual background connecting diet and health has been made by months of hearings before the Senate Select Committee on Nutrition, from witnesses representing the highest health offices in the land as well as the most respected of university lecturers and researchers. My colleagues on the Select Committee and I have been impressed by the data linking dietary components to the underlying cause of heart disease and stroke, and to more than half of all cancers in women and at least one-third in men. Moreover, we have learned that nutrition has thus far been the only environmental factor which has been shown to increase the life span of experimental animals.

HIGH COST OF HEALTH CARE

It's been made quite apparent that the economic costs of health care and disease present a larger and ever growing burden on the nation's resources. At a time when more and more Americans are concerned about the risks of diet and related diseases, health problems and health costs are increasing.

The costs of health care in the United States accounted for approximately $150 billion in 1976. The Department of Health, Education, and Welfare predicts that during the five year period between 1975 and 1980 these costs will increase by 200% — that could amount to about $350 billion for a one year period.

CRS NUTRITION EDUCATION STUDY FINDINGS

Some are "appalled" at the findings of the Congressional Research Service Survey of some 30 nutrition education programs administered by two federal departments and eleven agencies (among the thirty programs studied were: The Child Nutrition Programs, Food Stamp Program, Expanded Food and Nutrition

Education Program (EFNEP), Other Extension Service Nutrition Programs, Head Start, the Title VII Nutrition Program for the Elderly, and the Wic Program. Also included were Nutrition Education Programs for the Deaf and Blind Children, the Handicapped, and American Indians).

The CRS Report characterized the government's handling of it's Nutrition Educatio programs rather dimly: (1) they operate under no unified federal policy, (2) there is much duplication of effort from one program to another, and (3) there is no coordination among programs.

About the thirty programs themselves, it was stated that they are (1) lacking in clear and concise goals, (2) suffering from problems of materials and information distribution, (3) operating with no research data to show the impact of the nutrition education that is taking place.

LARGE INVESTMENT IN FOOD ASSISTANCE PROGRAMS

The American taxpayer has made a tremendous investment in the Federal Food Assistance programs. Direct appropriations for just a few of these programs during this current fiscal year (FY '77) goes into the billions of dollars. For example:

- Over $5.5 billion goes for the Food Stamp Program alone.
- Plus an additional $8.7 million for the Food Distribution Program.
- Some $587 million for school lunch, and another $184 million for school breakfast.
- $240 million for the Title VII Nutrition Program for the elderly.
- And $298 for the WIC Program (the only one with a mandated nutrition education component).

SMALL INVESTMENT IN NUTRITION EDUCATION

At the same time (FY '77) we see the nutrition education budget for the total federal government amounting to only about $70 million currently. This includes about $64 million in programs administered by the Department of Agriculture, and another $5.8 for nutrition education programs of the Department of Health, Education and Welfare.

Some of you are aware of the "nutrition education and training" section in the current child nutrition legislation. We are seeking $27.7 million dollars for this program to: (1) instruct students in the classroom about good nutrition, (2) train teachers in the principles of teaching these students, (3) upgrade the food school cafeteria workers in food preparation and service skills, and (4) set up a resource center for instructional materials.

Compare this new legislation for nutrition instruction in the child nutrition programs with the ongoing nutrition education budget for this food program, which this year (FY '77) is $700,000.

During last month's legislative recess, I held field hearings throughout Kansas. Testimony from a school superintendent, Dr. Horace Good, pointed out that his school district receives $35 per pupil (from federal and state governments) for driver training. Compare this to the 50 cents per pupil (or total of $27.7 million dollars through entitlement funding) that we're trying to get for nutrition education in the current child nutrition legislation. I will attempt to retain the training and nutrition education provision of this legislation when we go to conference later today.

THE ROAD AHEAD FOR CONGRESS

Congress has made some progress in consumer issues pertaining to food and nutrition. Here are some of our recent achievements:

- In the last year, both the House and the Senate have established legislative subcommittees on nutrition.

- This year's Farm Bill recognizes the the first time, and I quote, " . . . that nutrition and health considerations are important to the United States' agriculture policy."
- The Department of Agriculture has plans to establish nutrition research laboratories in major universities throughout the country.
- The White House has undertaken a review of our nutrition research program.

Yet, from much of what I've said so far, it would appear that we in the Congress have not lived up to our full responsibilities to the consumer; in particular, with regard to: (1) passing legislation in nutrition education, and information to support our many diverse food assistance programs - including food coupons to extend the food buying power, hot meals for the elderly, or snack supplements and meals to students during the summer months, and (2) neither have we adequately undertaken our responsibility for oversight of these programs in nutrition education. Findings of the CRS Report on the thirty nutrition education programs leave no doubt about this.

The question before Congress now is where to go with all this new information about such matters as the relationship between diet and health, or the lack of information about the impact of nutrition education on our health.

What research is needed to determine the potential for helping reduce disease, and related costs of health? What form should a food and nutrition policy take; one which incorporates all segments of our food system — from production to consumption? What can we do to better educate the consumer about the relationship between what he eats and how he feels?

The President and Members of Congress have responded to the growing evidence implicating diet as a major cause of disease and to the increasing public concern with nutrition, by asking for new, objective, expert advice. A little progress has been made.

A couple of long-term studies have just been released by two of our most respected and unbiased groups: World Food and Nutrition Study — The Potential Contributions of Research (National Academy of Science); Federal Human Nutrition Research — Need for Coordinated Approach to Advance our Knowledge (General Accounting Office).

Both of these reports, which took years to complete, acknowledge that major gaps in nutrition knowledge and research needs now exist, and that "The number one barrier to progress in human nutrition research is a lack of central focus and coordination."

At this early juncture, it is extremely important that a sound, sensible organizational basis be established within the federal government not only to conduct human nutrition research, but to coordinate the nutrition education activities of the federal government. We must expend available federal resources more wisely.

At this juncture, it is also important that we make sure the public is given the best possible nutrition information. That means guaranteed programs of: (1) nutrition instruction in the classroom, (2) nutrition education in medical schools, (3) product labeling of the contents on food packages that make sense to consumers, and (4) ways to counteract the negative impact of food advertising on young children.

We in the Congress can't do the job alone. We need your advice and your support. Full achievement of a viable nutrition education and information program for all consumers will require the full commitment and cooperation of many — food producers, food processors, professional groups, the health community, and consumers.

It is evident to me that if anything constructive is to result from these hearings, it will require a re-shaping of many attitudes, a re-establishing of our priorities, and a re-structuring of agencies and programs currently underway. Full commitment to this end is imperative.

I believe the social and political climate which is necessary to bring about effective change is here.

Senator **Dole**. I am certain it is not the intention of this committee to assign blame to any group, but one thing I learned in our hearings is this.

I do not have to suggest this to members of this committee because I know you are aware of the need to do that, but there are so many people who fail to understand. There is no communication. We distribute pamphlets willy-nilly. Somebody walks in to apply for the food stamp program, for example, and they may be 80 years old. They give them a 4-page document. You can hardly read the print. Then they give you 2 pages of instructions. They might as well tell you that you are not eligible, as to give you a very complicated document that is not understood.

It just seems to me that with this focus maybe we could be of some help on the other side. I am certain we have an obligation to give the public the best possible nutrition information. This means guaranteed programs of nutrition instruction in the classroom, nutrition education in medical schools—and there is a dirth of that in medical schools—and product labeling of the content of food packages that makes sense to consumers.

I get some of this latter information from my wife who is a member of the Federal Trade Commission. This also means ways to counteract the negative impact of food advertising on young children.

I think we perhaps ought to take a look at ourselves as a Congress. Have we been diligent? Have we had the proper oversight? We have just passed billions of dollar for the food stamp program and did not concern ourselves with the nutrition education component.

I am very pleased, then, and, in fact, honored to be invited by you, Mr. Chairman, to appear before the committee. I think I speak for Senator McGovern and other members of the Nutrition Committee and members of that committee staff. The staff published a committee print called, "Dietary Goals for the United States." It was criticized by some, but at least it focused on some of the problems. Maybe there were errors. Maybe we made a mistake in stating some of the goals and objectives, but at least it focused on some of the problems.

I would guess that these hearings and what may result from these hearings, based on the efforts by the Congressional Research Service, will provide not only the impetus we need in the Congress, but will let those behind me and others who may follow as witnesses, understand clearly that there is a commitment on the part of the Congress. It is not a Democratic commitment or Republican commitment, but it is a congressional commitment. We are moving in the right direction. We are doing it because there is leadership provided in this committee and in committees on the other side of the Capitol.

Mr. **Richmond** Thank you.

Senator Dole, what do you feel should be done to improve the role of the Federal Government in nutrition education?

Senator **Dole**. I would like to establish this. I think we ought to let the public know that first of all there is a need for specific information, whether it is about food or about diet or about health. I think that consumers should have a right to expect answers. I would hope that would be it. I am sure that is the thrust of the hearings, as I review the so-called overview. I am sure that is what you intend and hope to do. I think you are off to a good start. I think people rely on us for leadership.

I do not think we should have a mandated Federal food policy that says that you get up in the morning and drink orange juice and do something else before you go to bed and so on. That, I think, would stir up quite a storm. We seem to have enough of those without stirring up a new one.

But there is a good deal of confusion in the marketplace when you go in and shop. There is a great deal of confusion about the food assistance programs.

It seems to me that if we can coordinate and bring together and eliminate some of those that spend money without any recourse, as Mrs. Heckler said, then we can go through things like that. I refer to the OSHA pamphlet in our State that talked about not talking loudly around your cows and do not step in the manure pits because they are slippery. That cost a half million dollars.

So, those things we do not need. I think if this committee can ferret out some of the waste and coordinate the program, I think that would be very helpful.

Mr. RICHMOND. Thank you.

Mr. McHugh?

Mr. McHUGH. Senator, it is a great pleasure to have you here. You and Senator McGovern have been the leaders on the Senate side in this area, certainly on the food stamp program which we just completed.

As you pointed out, the Federal Government competes with the food industry in terms of nutrition education. The food industry spends substantially more money on TV advertising alone than the Federal Government does.

I suppose there are a number of questions that come to mind.

First of all, do you think it is appropriate or feasible for the Federal Government to play a larger role in attempting to monitor or control that which the food industry does on TV, recognizing the impact that it has on children?

Senator DOLE. I am not sure that monitored control would be the way, but I have met with some of the GMA people and others who, I think, have the same concern.

If we look at the food industry as adversaries in some way, then we probably are off in the wrong direction. I do not suggest that is the case. But I think we have to consult with those people. I assume they will be expressing their views.

The Federal Trade Commission, of course, is getting into some of the adverting as it affects children. You have the labeling and you get the FDA involved in that area.

I do not know what Congress could do, but my view is this. As you learn more and more about it from the experts, I think you learn that our responsibility lies here. If you are going to spend $5 or $10 billion on food programs, then there should be general guidelines out there and some training. We ought to make certain that the school cafeteria personnel is trained in the food preparation so we do not throw all of it away. We ought to make certain that we limit the so-called competitive foods to some extent, as we are going to try to do in the Child Nutrition bill, in a proper way.

I do not know if I would want to go so far as to monitor what they do. I think we can suggest ideas.

Mr. McHugh. I agree with you, Senator. I do not think it would be wise for us to attempt to control what they advertise, but I suppose that dramatizes how important it is for us to be much more effective and affirmative in our response.

As you pointed out, there are two departments and approximately 11 agencies that are now involved in nutrition education in one way or another.

Do you have any thoughts as to how we could better coordinate that effort? Is there another mechanism that we need? In other words, how can we maximize, the investment we are now making in nutrition education so that we are more effective in what we are doing?

Senator Dole. Again, I do not have a specific suggestion. But it seems to me there has to be some way to fold these programs together. Instead of the duplication, we need something else. I assume there is some waste associated with it.

But even beyond that, there is the fact that it has less impact when it is scattered all over the landscape. I do not advocate creating more Government agencies, but maybe we should take one of the existing ones, whether in USDA or HEW or some other Department and focus on that agency as far as the responsibilities for nutrition education are concerned.

Of course, as you know, as we get into different programs, we involve different agencies and different age groups and different people. I do not suggest that one person or one agency can do everything.

But now we seem to be spread around. There is the remarkable duplication and a lack of clear goals and the fact there is no unified policy. I do not have an answer, but I hope that this committee can develop one.

Mr. McHugh. Thank you.

Mr. Richmond. Mrs. Heckler?

Mrs. Heckler. Senator, I congratulate you on your statement.

As a member of the committee for only 3 years, I am delighted we are taking up the nutrition issue. I sought to become a member of the committee because I was concerned about food policy from the consumer's point of view and nutritional policy.

I see these hearings as the beginning of a serious attempt by the House to look at the question of nutrition.

But I am very alarmed about the future of the Select Committee on Nutrition in the Senate. Obviously, the Select Committee on Small Business—which I also strongly support found a way to survive. Nothing could be more valuable. I think for all of this time in the Congress we have had a nutritional wasteland, a lack of information, a lack of focus. The only beacon of light came from that select committee.

What is the prognosis and what can be done to see that this select committee endures? How do you view it?

Senator Dole. I am glad you asked that question because there may be some in the committee and in the audience who can help us. Right now we are trying to revive the committee. Four nonmembers of the committee have introduced a resolution to extend the Nutrition Committee. It is not that we are so opposed to becoming part of the Agriculture Committee, but it seems to me that about the time it grows in importance, we are trying to put it back a notch. The select committee becomes a subcommittee of the Agriculture Committee. Of course, Senator McGovern would be the chairman. He has been the leader of the nutrition movement. I would be the ranking Republican on that subcommittee.

But it just seems to me that once that happens we are going to have reduced staff and reduced focus. That will be the very time we need more.

We are hopeful that we may have a 2-year extension.

Mrs. HECKLER. I think it is essential to know that even on this committee the focus on nutrition has been extremely dim until there were enough like-minded people to say that the issue should be given the kind of priority it deserves. That is why I gave Congressman Richmond a great deal of credit, because it is essential to separate out the focus.

I think the emphasis of the Agriculture Committees of both the House and the Senate, has been that of production almost to the obliteration of any other single concern. I really believe that in this kind of jurisdictional situation the presence of your committee is essential. I hope it will not be totally sublimated to the overall Agriculture Committee. It will not have the effect we need.

Senator DOLE. I would add that is the concern that has been expressed, and I think with some justification. But we have included the word "nutrition", in our Agriculture Committee. That in itself will not change the focus.

So, I would hope that we will continue. I would say that speaking for farmers, they are like any other group. They are interested in sound nutrition. But I think you have indicated properly so that the focus might not be as much on that as on programs for the farmers.

Mrs. HECKLER. Senator, as I understand it, there are some discrepancies between the emphasis of USDA and the standards of FDA in terms of a nutritional evaluation of products.

Are the differences substantial? Are they serious? Should they be remedied by law? Could you comment on this?

Senator DOLE. Senators can always comment, but I do not have any information.

Mrs. HECKLER. I will reserve that for someone else.

Mr. RICHMOND. Mr. Panetta?

Mr. PANETTA. Thank you, Mr. Chairman.

I, too, would like to commend you, Senator, on your willingness to testify and more importantly, your leadership on the agricultural bill. I think it was largely due to your leadership efforts and those of others that we were able to get through the bill as nicely and compactly as we did.

One of the things that concerns me is that one of the reasons that nutrition is a bipartisan issue is because nobody has really focused on what nutrition really means. When we find that possibly Kansas wheat may not be nutritional or California lettuce may not be nutritional it may not be a very bipartisan issue any more.

So, the question really is in your experience, do you think there is enough expertise that you are aware of to determine what, in fact, is nutritional and what is not?

Senator DOLE. I think there are a number of gray areas. In fact, I can say very frankly that in the dietary goals, maybe we left the impression that you should not eat meat or much of it. We quickly heard from the livestock people all across the country.

We also made a statement about eggs. We have had egg on our face since that time. But that does not mean that we have to fall back and say that we cannot touch this because it deals with some constituency group. I am happy to see you here. I wish you were on the other side. [Laughter.]

But things change.

It is a tough question. I do not think we are ready to say that we have the answers, but I think we have to keep looking. We have had this problem and we had more hearings with the livestock industry and others who felt their views had not been heard.

I think that is the one thing we must be sensitive about. If we are going to have a hearing, just as you are having this hearing, and you have invited all of the diverse groups, you cannot exclude someone who may have an interest in California or Kansas. Because they have a view that we have to assess. We have tried, on our side, to do that.

Mr. PANETTA. Thank you.

Mr. RICHMOND. Mr. Grassley?

Mr. GRASSLEY. Senator Dole, I am happy that you went out of your way to come here.

I am commenting on a point that you emphasized, that you are not here to dictate, nor do you think the Government should dictate, what or how much we should eat or that we ought to have some Government policy that you have to drink orange juice every morning for breakfast and things along that line.

The reason for my emphasizing this and asking you to comment further is that it seems like so many groups outside of public bodies might have this as their goal, to the extent that it creates a detriment to the objectives we hope to accomplish through these hearings.

It sometimes even drives wedges between producers and consumers. I think we need to emphasize that these are not results that are accomplishable nor our purpose in having these hearings.

What sort of advice would you have for groups that maybe would carry these suggestions to that sort of an extreme, but maybe with not that sort of an intent?

Senator DOLE. I do not know. You are going to find groups that have very strong feelings. I think that is why we suggested in the foreword of "Dietary Goals for the United States" that they were not a mandate but goals that would be based on expert testimony that the Nutrition Committee on our side felt should be published.

There will be some who feel that the Government should move right in. This is a big area that could be a bonanza for a lot of Government activity. I do not know how you take care of those who have that very strong feeling that this is a Government responsibility. It seems to me that is a mistake.

But I do think that we have enough responsibility and it is growing. If you look at the other end of the spectrum, then we know for certain what we eat has some effect on our lives and longevity and disease, as the charts show here in the hearing room today. We are all groping with health problems and national health insurance and whatever. I think we have to focus on it. We have to call people's attention to the importance of diet and at least set forth some of the uncontradicted testimony about certain things that people may eat.

There are some who would like to label food as you label cigarettes. I do not know. But I am convinced we have not done enough in the Congress. We pass the legislation and it sort of stops there. This is an oversight hearing which I think is time well spent. We recognize now, even in the farm bill, that nutrition and health considerations are important to the U.S. agriculture policies. We are beginning to recognize this.

Beyond that, I do not know just how we would handle those who have that very strong feeling about the Government mandating diet.

Mr. GRASSLEY. I think your leadership and your tendency to emphasize this point is a step in the right direction. I urge you to continue to do it.

But maybe in the way of more direct contact with groups that would take that point of view or that contrary point of view, we might have that.

Senator DOLE. Yes; I am willing to do that. I appreciate that.

Mr. RICHMOND. Mr. Glickman?

Mr. GLICKMAN. As you mentioned, there are difficult political problems involved here. The one thing that strikes me in listening to all of this is the fact that we have spent about $100 billion since the Second World War on health research. My staff informs me of that. Yet, our life expectancy is basically unchanged since then.

In your studies and hearings, I wonder if you have found any attempt or improvement in the cooperation of the health industry. In your statement you talk about the fact that perhaps our medical institutions have failed to train doctors on nutrition. Does the health care industry care about nutrition at all? Is that something we should be emphasizing as a way to educate the public through health care, the ones the people have contact with, like the doctors, nurses, and dentists?

Senator DOLE. That ought to be a very basic step that we take. We have been making that emphasis in nearly every hearing, that is, what a total lack of nutrition education we have. When you go see the family physician, he may not have any ideas except something about some diet or something that he has been told about that he passes on to the patient.

But that is the kind of awareness I think we want people to understand. It is not an effort to mandate. It is an effort to inform and educate in a proper way. We just believe that with a nutrition committee in existence and with this committee taking a more active role, then it is going to get out to the public.

I have read the witness list today. We have 20 or 30 experts here who really want our help and in the right way. I think it is coming. I do not know whether the AMA is testifying or not. Maybe they should be.

Mr. GLICKMAN. Thank you. I want everybody to know that Kansas does take a lead in this.

Mr. RICHMOND. Thank you.

Mr. Volkmer?

Mr. VOLKMER. Senator, I appreciate your remarks, but I have a matter that really does not just concern nutrition and education. To me, it concerns this Government.

I see here another "necessary," I guess we would have to call it, "needed" program. Maybe we ought to have another committee or maybe a commission later on. We would have additional money being spent. The Federal Government would come in and would know all the answers.

I have only been here 9 months. When I came here, there was supposed to be some kind of a reorganization and maybe the reduction in the Federal Government, reducing some spending and balancing the budget. I have not heard anybody say that. All I have heard is about all these necessarry good programs. I think this is another one of those; is that correct?

Senator DOLE. I am not suggesting the program. In fact, I do not quarrel with you. I have hopefully been in the forefront in some of these things, but reorganization of the Government does not mean that you stop anything that might be good. It means you go back and look at everything and kick out some that may be wasteful and inefficient, but it does not mean you do not focus on nutrition, for example.

Mr. VOLKMER. I am not saying you do not focus on nutrition, but at the same time can we not come up with something where we can reduce this money and use this money for something else?

Senator DOLE. In fact, we reduced the overall cost of the food stamp program. We kept it in line by certain reductions. Again, we are only talking about $27.7 million, but that is no excuse. We will be in conference on that this afternoon, in fact.

But I would certainly be willing to find that much money in that existing program. I think it is that important. I think it has to be a priority.

As I said earlier, $35 per child was spent for driver education and literally nothing for nutrition education.

Mr. VOLKMER. I read your statement. I noted that. I will not argue with that, but I still go back to the basic idea. The basic, to me, is this. If we are going to start one, then, believe it or not, I firmly believe we have to cut it out somewhere else.

Senator DOLE. I would not quarrel with that. I would vote for it.

Mr. VOLKMER. I think it is incumbent on us to do this. Back in Missouri where I am from we do not have a deficit, that is, we cannot have one.

Senator DOLE. We have a cash basis law in our State also.

Mr. VOLKMER. So, if you want to find the money, you have to cut it out from somewhere else if you are starting something new.

Senator DOLE. We have a rule in our Finance Committee which is meeting right now that we do not pass out any goodies unless we also raise revenues. It is pretty hard to do sometimes, but I think you are right. If we are not willing to pay for it or find the money or shave it off somewhere else, then we should not be advocating the programs.

Mr. VOLKMER. Thank you.

Mr. RICHMOND. Thank you, Mr. Volkmer.

Senator, we thank you very much. We appreciate your taking the time to come over.

Senator DOLE. Thank you.

Mr. RICHMOND. Our next witness is the ranking minority member of the subcommittee, a man with whom I usually disagree, but I think on nutrition we feel the same way, the Honorable Steven Symms from Idaho.

STATEMENT OF HON. STEVEN D. SYMMS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF IDAHO

Mr. SYMMS. Thank you very much, Mr. Chairman.

I will speak up loud so the reporter can hear me, but I would like to speak from here.

The program I have this morning to show the committee is one that is very simple. It is very nutritious. It does not cost very much. By calling these committee hearings, by recognizing the problem, and with all the ingenuity that Americans have, I believe there is a way we can find a solution to the nutrition problems in this country.

It is a rather simple solution. Provide and make available, through the market system, readily available wholesome foods that have consumer demands. I have a rather simple way to show you how anyone can prepare an inexpensive breakfast with the wheat.

They sell this wheat in Idaho for about 10 cents a pound.

This grinder [indicating] costs $25. For people who do not have a grinder, they can use a blender to grind wheat before the cook it.

I will show you how simple this is to cook a very wholesome breakfast for practically pennies.

I will turn this grinder and you will see how simple it is.

That is all it takes. You put it in a pan and add a little water, salt, sugar, or honey. We prefer brown sugar or honey. You place it on a hot plate, after adding a little water. We are going to serve some of this to the committee, which we have already prepared in advance. If it is cold, it is because the average family does not have to wait for a distinguished U.S. Senator to testify. [Laughter.]

You place it on the hot plate. You add a little bit of butter, if you like that, for taste, and in about 15 minutes you can have a very healthy breakfast. We have some honey here, which I am sure also works very good. You can sweeten this to taste.

This is to show you how simple this is.

Mr. Chairman, I would like for the people to serve some of this to the committee members so they will see how simple it is.

I might emphasize, Mr. Chairman, that this is not a meal that would be limited to poor families. Members of my staff and myself eat this regularly. [Laughter.]

It is very nutritious and very wholesome. It is very healthy.

It would be my hope that the U.S. Department of Agriculture could make this kind of information available to the public. They would not have to spend any more money. The national wheat growers, I would think, would have the interest in promoting this.

We would like to serve some of this to every member of the committee. Whatever is lift over, we will serve to members of the news media so they can see how good it is. We will pass it out to the audience as well.

One thing should be said. The wheat should be kept in the whole kernel. It can keep for years in the whole kernel. Once it is ground, then the wheat germ is released and it needs to be cooked shortly after that. It is very simple. You can keep it for years.

I agree with Senator Dole and the chairman and Mr. Grassley who spoke. I do not want to go out and tell people about this if they do not want to have a nutritious diet, but our responsibility is to make this information available. I think the public can find out through the consumers this will be available. I think in a matter of weeks we could have this available for sale.

Mr. Glickman. Are you aware of the stores that sell wheat?

Mr. Symms. I have checked. You cannot buy whole wheat, but as I said, it would be a matter of weeks if the consumers asked for it and make a demand to the grocery stores. It is a very simple process.

You take wheat from the field and have it cleaned and package it. You cut out a lot of costs as far as processing is concerned. You make it available for the public.

The grinder might be a problem. This one cost $25. It was purchased in Idaho, at Crazy Bob's. [Laughter.]

The free market system would also provide grinders.

Mrs. Heckler. Is this a special wheat grinder or would any grinder do?

Mr. Symms. This is a grain grinder, but you can adjust it. You can adjust it to make the grind coarser or not. I grind mine at home in a blender. So what I have is a little coarser than this. You can cook the wheat whole and eat it. It is not quite as good to eat it whole. But if you need to, all you have to do is cook it the night before. The next morning you can heat it back up and eat it.

Many people cook this and put it in the refrigerator in tupperware plastic-type container and then take it out in the morning and put milk or brown sugar in it and heat it up for what they want that day. You can cook up a whole week's supply. You can also make patties and eat it. It is very healthy and wholesome.

Mr. Richmond. What kind of patties?

Mr. Symms. Like hash brown patties, or something like that. You can fry it.

Mr. Chairman, unless there are any questions, that concludes my testimony.

Mr. Richmond. Thank you, Mr. Symms.

Any questions?

Mr. McHugh. Mr. Chairman, if I may, I would like to introduce our next witness, who is a colleague and friend of ours from the State of New York, Congressman Jim Scheuer.

Congressman Scheuer has been deeply interested for many years not only in our nutrition here in the United States but also in the larger question of world hunger.

Thus, it is a great pleasure for me to introduce our colleague and friend from the city of New York, Jim Scheuer.

Mr. Richmond. Welcome.

STATEMENT OF HON. JAMES SCHEUER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. SCHEUER. Thank you very much.

I was impressed by Senator Dole's testimony this morning. I do not know when I have heard a public official make more sense.

The Science and Technology Committee has jurisdiction over, among other things, the application of science and technology to nutrition and health. So, we—that is your subcommittee and mine—come to the issue of nutrition education from a mutual concern for the health and well-being of the American public.

As Senator Dole appropriately remarked, we are spending $150 billion a year on health. One must wonder whether we are really getting our money's worth in output.

I am convinced that, in the future, we have to rely less on sickness care and on such things as CAT scanners and rely more on the kinds of preventive health care programs that we can produce through our own personal behavior, such as better control of our consumption of alcohol, use of tobacco, proper diet and exercise, ingestion of drugs, and proclivity to involve ourselves in violent accidents.

Perhaps in no other field of human behavior is it easier and is there a greater payoff in improving our conduct and our control over our lives than in the field of nutrition. I think you have zeroed in on an important issue by offering your leadership to an area that has a tremendous payoff. I congratulate you.

I think we are going to have to make great strides in the area of nutrition if we are ever going to bring our high and escalating health care costs under some kind of rational control.

In 1967 the Citizens Board of Inquiry into Hunger and Malnutrition in the United States published a volume called, "Hunger, U.S.A."

At that time they described hunger and malnutrition as being the greatest health problem in America. Since then, Senator McGovern's select committee has played a vital role in elevating our consciousness level about the importance of good nutrition.

Today nutrition problems are somewhat different. Undernutrition is no longer the greatest nutrition problem in America. Indeed, the evidence today is that the greatest nutrition problem is overnutrition. This also goes for relatively low-income, poverty-stricken populations. Even children who are living in poverty conditions are being inundated with the kinds of TV advertisements that you referred to in your opening statement, Mr. Chairman. That is, the 8,000 to 12,000 advertisements a year which push the kinds of junk foods you have displayed here in the hearing room today. Even among the poor, the greatest nutrition program is overnutrition and obesity, not undernutrition and hunger.

What are the causes of poor nutrition? First of all, the American consumer does not know enough. American health professionals do not know enough. The knowledge of the average consumer concerned with nutrition and health is dismal. We do not teach nutrition education in the public schools where we should. We do not teach it in the colleges and universities where we should. Less than 20 percent of U.S. medical schools, according to a recent poll, indicate merely an interest in including nutrition education among the subjects that their students—the future doctors of America—would be studying.

Among dentists and doctors and other health professionals, the knowledge of nutrition is absolutely dismal. We need literally a revolution in American education to bring concepts of nutrition—concepts of what constitutes adequate nutrition behavior—to the people themselves, and most especially to those who are charged with their welfare and health.

Next, I think it is terribly important that once we have taught people to be more nutritionally aware, we must also teach them to be able to cook their food properly. We must give them information that is relevant to them with regard to the food that they buy.

I was raised in a family of five kids where if something went wrong on the outside you had vaseline spread on it, and if something went wrong on the inside you had Mama's chicken soup.

I bought a can of chicken bouillon last week, just to find out what went into this item. Here is the list of thing that are in Mama's chicken bouillon:

> **Salt, chicken, monosodium glutamate, sugar, corn syrup solids, chicken fat, chicken skin, onion powder, garlic powder, turmeric, hydrolized vegetable protein, gum arabic, natural flavorings, corn oil, glyocerol monoleate, preservatives, including BHA, BHT and propogalate, propoline glycol, citric acid, 1-cyctine hydrochloride, thiaminchrolide.**

This is chicken bouillon. [Laughter.]

I think that not only do we have to educate the consumers to a reasonable degree of nutrition savvy but we also have to give them information in these packages that is intelligible and meaningful for them.

We cannot reasonably expect to create a nation of 215 million Ph. D.'s in nutrition. That should not be our goal. Our goal, instead, should be to educate the people until they are reasonably sensitized and reasonably sophisticated about practical day-to-day, "doable," usable concepts of nutrition.

This kind of nutrition information on a package is almost worse than no information at all. The Dutch have made some progress in this area. The Dutch have produced a nutrition symbol in the shape of a pie. I do not know if you have an example of it here in your exhibits in the room. The Dutch symbol depicts the percentage of the food that is made up of healthy, positive elements, relative to the percentage of food that is salt, fat, sugar and other things that we do not need very much of.

Mr. RICHMOND. Esther Peterson is sending us some samples, Mr. Scheuer.

Mr. SCHEUER. Good. I think this is one area in which the House and the Senate can work usefully. I think we can help to produce, for the benefit of the American consumer, some kind of food symbol that tells them whether the food is high in protein, in minerals, and in energy, and whether this is good for people.

Is it too high in salt, sugar, and animal fat so that it may be unhealthy for certain people? For people with particular dietary needs—those of us who have blood pressure problems so that we have to be on salt-free diets, or for those of us who may have a cholesterol problem who should be on low-fat or no fat diets and low-salt and low-sugar diets—then, perhaps, there ought to be an extra symbol.

We have to build nutrition education concepts throughout the length and breadth of our educational system for consumers and for those professionals in the health services. We have to give far better information to consumers, information which is targeted for them and which is not too sophisticated, and in a manner that is intelligible and appropriate for them.

I believe our schools can play an interesting and useful role. Not only can schools give children food that is nutritious in the school breakfast and lunch programs, but they can educate the students with proper nutrition habits. They can also involve the parents in the process. Parents could be involved as volunteers or even as paid aides to help prepare the food. In the course of their preparation, parents can be brought into the 20th century in terms of rational nutrition concepts.

Then, of course, we find that no matter what the schools do and no matter what the parents do and no matter what we try to teach children, everyone is subject to the incredible barrage of mind bending and total immersion from the media. I am referring to the 8,000 to 12,000 television commercials every year. Most of them advertise appalling varieties of junk foods.

It seems to me that the time is long overdue when the Food and Drug Administration and the Federal Trade Commission, which should have the jurisdiction, should do something. The Food and Drug Administration has jurisdiction over what goes into the packages, and the Federal Trade Commission on how it is advertised and represented. There should be a major congressional effort to bring some kind of rationality into the Federal Government's treatment, or nontreatment, of these foods, particularly as it pertains to TV.

I do not have all the answers here today. I do know that we have to strike a balance between no regulation at all, on the one hand, and getting the Federal Government further and further into every nook and cranny of everybody's life, on the other. I do not think any of us want the latter, but I think we have erred too far and too long on the side of noninterference. Perhaps there should be complimentary free time on television to advertise "nutritious" foods, or perhaps have some kind of public service programing warning children on Saturday morning about the dangers of the junk foods to which they are being exposed.

I think we have to take cognizance of what is going on in tens of millions of American homes on Saturday morning. Right in front of the television tube. We can no longer sit by totally helpless and totally disinterested and let these children be subjected to the incredible brainwashing, with the inevitable consequences to their health and, in turn, the inevitable consequences to the Federal Government which must be concerned with their poor health through the exploding costs that health care bring.

To sum up, what I have called for, Mr. Chairman, is a better understanding of the causes and consequences of poor nutrition in this country, particularly obesity and overnutrition.

We need a far more intelligent development of sound nutrition education programs for kids in kindergarten right straight through the university. We need far more attention to be given to nutrition education for those who are entrusted with the health care of other Americans, such as, the doctors and the dentists of America.

I would recommend some kind of study, followed by action, to counteract the dismal, destructive, incredibly painful, and harmful effect, of the 12,000 or 13,000 television food commercials that children see every year.

On the question of food labeling, I believe there is a lot of talent out there in the food industry itself. I do not think we have any particular monopoly on virtue in the Federal Government, either in the legislative branch or in the executive branch. I believe we ought to reach out to the food industry. I believe the talent is there and I believe the willingness is there. I believe we should also be reaching out to the universities. I would like to see us try to work with industry representatives and university representatives in an informal, friendly, cooperative effort to see if we cannot produce a nutrition label and some kind of an answer to the Saturday morning television problem.

It may be that there is not enough leadership in industry to help us come up with a more useful labeling process. But let us not just assume that and give up the great goals and benefits that we could accrue by default.

Mr. Chairman, I hope that perhaps by working together—your subcommittee and my subcommittee, and perhaps even Senator Dole's subcommittee on the Senate side—we could meet with representatives of the food industry to see if there is a way we can solve some of the problems and come up with some creative answers in an easy, cooperative way.

Thank you.

Mr. Richmond. Thank you very much.

Without objection, your written statement will be placed in the record.

(See p. 22.)

Mr. Richmond. I think your testimony eloquently reminds us that we Americans ought to start working together toward a nutrition policy, particularly that this committee and your committee ought to work with representatives of industry to see if we can convince the food industry that it will make just as much money selling nutritious food as selling food that is filled with sugars and starches and fats. Am I correct?

Mr. Scheuer. Yes, absolutely.

Mr. Richmond. Mr. Symms?

Mr. Symms. Thank you very much, Mr. Chairman.

I thank you for being here this morning, Mr. Scheuer. I would certainly agree with you. We have the most adequate supplies in America of healthy, wholesome food of anyplace in the world. But we are not quite directing our talents in that direction. I think the talent is in the food industry. The fresh fruit and vegetable people have done a good job in promoting good health. It is a matter of direction.

I think that encouragement, and not using coersion and force is the way to go. We can encourage the people and consumers to be knowledgeable enough to go out and demand that the stores stock this kind of thing. We want the market to reflect what they are asking for.

I thank you very much for your interest in the committee hearings.

Mr. **Richmond**. Mrs. Heckler?

Mrs. **Heckler**. I would like to commend our colleague on an excellent statement. I think it underscores once again a sense of commitment on the whole question of world hunger and population problems. I am aware of the depth of his feelings. I think if we can combine the focus of the Senate Members and House Members from relevant committees, then perhaps we can fill the void of nutritional leadership.

I am very encouraged by the tone of your remarks as well as their substance. I certainly would like to work with you in the future. I feel you have made a wonderful contribution today.

Mr. **Richmond**. Mr. Grassley.

Mr. **Grassley**. I have no questions.

Mr. **Richmond**. Mr. Scheuer, we would be honored if you would join us up here and listen to some of the testimony later.

Mr. **Scheuer**. I am sorry, Mr. Chairman, I have another appointment, but I would be happy to come back later.

Mr. **Richmond**. We then thank you very much for your appearance.

COMMITTEE ON SCIENCE AND TECHNOLOGY
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

Statement by

REP. JAMES SCHEUER

before the House Agriculture
Subcommittee on Domestic Marketing,
Consumer Relations and Nutrition

September 27, 1977

Mr. Chairman, distinguished Colleagues, invited guests:

Thank you for inviting me to be one of the lead-off witnesses at this nutrition-related hearing of the House Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition.

Between July 26 and August 4, the House Science and Technology Subcommittee on Domestic and International Scientific Planning, Analysis and Cooperation (DISPAC) -- of which I am the Chairman -- held a rather extensive oversight review of nutrition issues. The two topics covered during the review were: nutrition surveillance and monitoring, and and human nutrition research. The focus of the hearings was international as well as domestic, with witnesses representing a wide range of opinions and areas of expertise from both the private and the public sector.

Before I talk about the the topic of nutrition education, I would like to say something about the changing nature of malnutrition in the United States.

In 1967, the Citizens Board of Inquiry into Hunger and Malnutrition in the United States published Hunger, USA. This report dramatically demonstrated to the American public that, in many parts of the most affluent nation of the world, there were thousands of people -- primarily infants and children from lower income families -- suffering from malnutrition. Worse still is the fact that some of these thousands were suffering from various severe forms of malnutrition.

Today, however, according to a Field Foundation follow-up to the 1967 inquiry, the most prevalent form of poor nutrition in the United States is not so much undernutrition as it is overnutrition. Within a period of only ten years, obesity -- among children as well as adults in all segments of society -- has become one of the nation's foremost public health problems!

Although I am not in a position to say which condition is worse -- extreme undernutrition or extreme overnutrition -- I am beginning to understand the toll both forms of malnutrition can exact on the health, productivity and very survival of the individuals affected.

There are numerous reasons why the nature of poor nutrition has changed so drastically over the past ten years. The one point that most witnesses stressed for us in their testimony is that the incidence and prevalence of poor nutrition are, to a significant extent, the products of a more fundamental, two-fold problem:

(a) a lack of knowledge regarding what foods in what quantities should be consumed to insure optimum nutrition, and

(b) the persistence of meager, outdated, inappropriate and even non-existent nutrition education programs for all segments of society.

Over the past two decades, Department of Agriculture Food Consumption Surveys and Bureau of Labor Statistics Consumer Expenditure

Surveys have documented the extent to which food consumption patterns in the United States have changed.

One factor is that the family meal -- where all members of the family get together for a well-balanced, unrushed repast -- is rapidly becoming a way of the past. Another factor is the growth in the fast-foods industry. The most important factor, however, is the growth in the number of food items that are available in most supermarkets. One witness pointed out this startling fact: in the 1930s, there were only about 800 food items available to the consumer; today, the shelves of supermarkets are lined, in countless rows, with roughly 13,000 items -- and the estimate is that this number is increasing at a rate of 3,000 new items per year! One could wander for days trying to read all the fine print in order to decide which products would be the best to buy for good nutrition.

To help the consumer make an informed selection among all these food items, it has been recommended that a system of food labeling be developed that is graphic and easily understood. One such system has already been developed in the Netherlands (by Albert Heijn). The purpose of this system is to label foodstuffs in conformity with their nutritive value. Instead of merely listing the ingredients in a food item, the label on each package consists of a circle which indicates the ratio between the useful, nutritious components and the fuels which produce energy, but which are fattening if taken in too large quantities. This is just one example of an imaginative way for bringing useful information to the average consumer.

Food labeling, however, should not be regarded as a panacea or as a substitute for nutrition education for the consumer. Food labeling will be most useful and successful when accompanied by an appropriate educational program. Consumers need to know not only which foods are nutritious, but also why they should select nutritious items and in what proportions.

We have been knocking down some of the biggest economic barriers to food supplies through such programs as the Food Stamp Program and the Supplemental Feeding Program for Women, Infants and Children (WIC). Therefore, nutrition education for the consumer has assumed an increasingly important role in the quest for good nutrition in the United States. Consumers need to have access to the kinds of knowledge that will enable them to make the best possible purchase for the amount of money spent. They also need to acquire the kinds of skills that will permit them to prepare the food they have thoughtfully purchased in a manner that is most nutritious and tasteful.

Although most of the witnesses at the DISPAC Nutrition-Related Oversight Review agreed that all parts of American society could benefit from nutrition education programs, a representative of the Children's Foundation, Ms. Levin-Epstein, pointed to a very special need: nutrition education might be particularly crucial among low-income individuals.

In making this point, Ms. Levin-Epstein cited a recent NIH (National Institutes of Health) survey which revealed that, over the past several years, there is evidence that the average amount of cholesterol consumed by Americans dropped from 800 to 400 miligrams per day. The NIH survey also noted that, in a comparable period of time, the greatest decline in deaths due to coronary heart disease occurred among middle and upper income people -- the group that is thought to be most closely observing dietary and exercise recommendations.

Many witnesses expressed the belief that the public school system might provide some of the best opportunities for reaching large numbers of people with nutrition education programs. For example, nutrition could be introduced into such courses as physical education and health, biology and chemistry and, in a more indirect way, into such courses as English, history, sociology and psychology. The children and young adults of this country should be exposed continuously to basic nutritional concepts from kindergarden through the twelfth grade.

To do this, these kinds of actions must be taken:

(a) provide in-service training of teachers already within the school system, helped by Federal support through the provision of fellowships for key instructors, and

(b) assure that students of Education in our universities and colleges are exposed to nutrition concepts as well as appropriate resource materials, teaching aids and curriculum guides, as part of their degree requirements.

Two additional points about the public school system need to be made. First, the system can serve as the locus for appropriate nutrition education programs for the out-of-school population as well. For example, the School Breakfast and Lunch Programs could be used as a nutrition-teaching resource -- a classroom experience with student participation virtually guaranteed -- for attending students as well as their parents and other out-of-school individuals. Second, the public school system should provide opportunities for the testing and evaluation of nutrition teaching materials and other resources needed for the incorporation of nutrition education into the public school curriculum.

Although it is perhaps most important to reach members of society at an early age (when they tend to be less set in their ways and more open to new ideas), nutrition education should also be instituted at the college level. All students of Education, whether undergraduate or graduate, should be exposed to nutrition education. For that matter, nutrition and other types of enrichment courses might well be offered to all undergraduate and graduate students on an elective basis.

Among all post-high school students, however, the most important group of students to be exposed to nutrition concepts are medical and dental students and others studying for the health professions. During the oversight review, it was noted that only 20% of the Medical Schools in this country have expressed even an "interest" in exposing their medical students to nutrition concepts. This is reflected in the absence of questions pertaining to nutrition on Medical Board exams. Historically, this country has been preoccupied with high-powered medical technology for the benefit of the acutely ill; but such individuals account for a relatively small portion of the medically "needy" in our society. This approach to medical education will be perpetuated with each succeeding class of medical school graduates -- unless and until we demand that the curriculum of medical students be radically restructured and redirected in order to create an equal understanding and appreciation of the role of preventive and comprehensive health care. The relationship between nutrition and health must be made an integral part of general education programs.

Until this rething takes place in the hearts and minds of the medical profession, we cannot expect the soaring costs of medical care in this country to ever be in line with the greater needs and resources of the nation.

Two final points. First, we urgently need further research into what should be considered "nutritious." Without this basic research, how can we expect to develop legitimate and useful nutrition programs? There is so much disagreement among nutrition experts as to what should be considered a minimum daily requirement and what should be a maximum daily allowance for such basic food itmes as salt, sugar, cholesterol intake, and a whole variety of vitamins and minerals.

During the DISPAC Oversight Review, for example, the estimate for a recommended daily allowance (RDA) of saly -- for the average person -- ranged from 2-3 grames per day to as high as 30 grams per day!

In addition to ascertaining RDAs for the "average" person, we also need to know what the range of requirements is for (a) people with such diagnosed health problems as hypertension and diabetes, and (b) individuals with more short-term special requirements as pregnant and lactating women, infants and children, and the elderly.

Second, the media. It has been estimated that the average American child views between 8,300 and 13,000 food advertisements each year on TV. The vast majority of these food advertisements are concerned with the promotion of so-called "junk food". It is no wonder that obesity is one of the nation's leading public health concerns, and that tens of millions of dollars are spent each year on the repair of damaged teeth.

One way of dealing with this problem of overexposure is to request that the Food and Drug Administration (FDA) -- which is responsible for what goes into the food that is marketed in this country -- and the

Federal Trade Commission (FTC) -- which is responsible for advertising -- come up with a plan of action that would face this problem "head on".

There must be a way to develop a system whereby both the FDA and the FTC can work together, in a cooperative and mutually reinforcing manner, to encourage at least "equal time" for "nutritious" food items on our nation's television and radio waves.

We must begin to take nutrition and preventive health care seriously. To do this in an effective manner, we might have to step on the toes of some people -- but there is too much at stake to be unnecessarily cautious. I do not call for precipite, ill-considered action. I do call for actions such as I have briefly outlined today: First and foremost, a better understanding of the causes and consequences of poor nutrition in this country; followed by the development of sound nutrition education programs for children in kindergarden through grade twelve; the utilization of the public school system for out-of-school educational programs and the development of teaching aids, the education and re-education of current and future teachers, offering nutrition courses on an elective basis to all undergraduate and graduate students; demanding that medical, dental and other students training for the health professions receive training in nutrition, the development of an imaginative and understandable graphic food labeling system, and the development of a better understanding of the benefits as well as the detriments involved in food advertising.

Thank you for inviting me to testify.

Mr. Richmond. Our next witness is Mr. James S. Turner, attorney at law, Swankin & Turner, from Washington, D.C.

STATEMENT OF JAMES S. TURNER, ATTORNEY AT LAW, SWANKIN & TURNER, WASHINGTON, D.C.

Mr. Turner. I want to first begin by thanking you for inviting me to testify, and secondly, to congratulate you on holding these hearings. It is high time that we begin to look seriously at the problems of nutrition and nutrition education and the state of the American food supply.

I think I would like to present a very rapid summary of what I think the problem is and begin by saying that I testified a month ago before a joint session of this committee and the Dairy Subcommittee of the Agriculture Committee.

At that time I suggested that the issue of the debasement of ice cream, which we were discussing at that time, was merely a small example of a general deterioration of what was being allowed to take place in the food supply in the United States at the hands of what passes for Federal policy in the food area.

I would suggest that that particular issue; that is, the way the food standards are used to cause food quality to decline, is also, in itself, only one example of a larger problem in the setting of national food supply in the United States.

Very specifically, I would argue that we almost have no information concerning the safety hazards that we encounter in the food supply. We have almost no information concerning what could or should be the benefits of the food supply, and we have systematically excluded the American public from participating in developing any input into the Nation's food policy.

I would say that those three areas outline the difficult problems that we face as a country in dealing with nutrition and nutrition education.

I believe also that we are in this state to a large degree, if not primarily, because of either poorly thought out or misguided Federal policies. In particular, if we look at the two agencies that Congressman Scheuer mentioned, the Federal Trade Commission and the Food and Drug Administration, I think we find serious contradictory policy positions which have not found a place to be rationalized.

Let me give an example. Someone on the committee mentioned the notion that the fresh fruit people had done a fine job in advertising fresh fruit for health. Yet, at the very time that statement was made, and for the last 2 years, there has been a concerted effort to remove from all food advertising, and in reference to health foods, natural or organic. This is a serious problem that needs to be addressed. Maybe it is good to say things about health in food advertisements, but maybe it is not, but to have a Federal Trade Commission regulation begin to pass through the process at the Federal Trade Commission without a more serious evaluation of the implications of using a word such as "health food, organic or natural" in advertising allows us to be setting policy at a level that may, in fact, be counterproductive

Another example would be FDA's effort to regulate vitamin and mineral supplements that was undertaken almost 17 years ago. That effort was created in 1965 by 45,000 cards and letters from the American public. All of these argued that this was a misguided policy. The agency plowed ahead, and ended up going to court where it was rebuffed, and ended up coming to Congress where an overwhelming vote of Congress removed the authority of the FDA to regulate vitamin and mineral supplements on any grounds other than safety.

This was a serious setback for the agency's authority, but it was basically reflective of what 45,000 Americans had taken the time to inform the agency of 10 years earlier.

I suggest to you that the course of action that the Government could have taken in 1965 was clearly spelled out to it by the remarkable fact that 45,000 people took the time to inform the agency that they were misguided. Yet, that had no impact on the policymaking at the agency.

I think there are some fundamental problems that Congress needs to address in order to sort out why these kinds of misstatements of policy happen.

First of all, the agency has sytematically excluded the public from participating in the setting of policy decisions. We heard, for example, at the ice cream hearing, that anyone who wanted to could come forward and say that the substitute ice cream was not nutritionally equivalent to real ice cream. But no one could come forward and argue that the idea that nutritionally equivalency itself was a bad policy; that is, that that should be attacked. They were excluded from that particular point of view.

The next thing that occurred in this setting was that all the efforts by the public to change the policy of the agency were thwarted even to the extent of having the courts defer to the FDA on the issue of limitation.

Congress must address the question as to what is an imitation food. Congress must also more seriously exaluate the whole concept of food standards. As food standards are established in this country, they now set a basic low level which the entire food supply is drawn down to. There is no effort in American food standard policy to move our food supply to a level that is optimal.

There is also very little effort organized for having the American public seriously participate in the decisions made around the food supply questions.

I would suggest to you that with the American public essentially excluded from the debate with our knowledge about nutritional benefits or health risks, not understood at best, that it is very difficult to go forward in undertaking a major nutrition education program. It just is not going to be possible to communicate to the American public anything meaningful when the leadership in the nutrition and scientific communities and the Federal bureaucracies have not themselves been able to communicate anything meaningful to each other.

So, we must begin by thinking through how Congress wishes to direct the allocation of resources to Federal agencies such as the FDA, the FTC, the USDA, and other agencies involved in the food area for the express purpose of creating the kind of knowledge base that can form the underpinnings of a nutrition education program.

Very quickly, this is not to say that food advertisements should not be improved or that labels should not be improved and so forth. These steps must go forward.

But the most important consideration for Congress in dealing with the issues that are appropriate to this hearing is to examine the question of how a fundamental national food and nutrition policy can be developed and how that can be developed in the way to guide American food policy toward creating the optimal nutritional food supply and a way from pushing us toward minimums.

Mr. **Richmond.** Thank you.

I want to congratulate you on your outstanding book, "The Chemical Feasts." I think more people ought to read your total indictment of the FDA's anticonsumer stands on food policy.

Mr. Turner, if you could, how would you reorganize the nutrition education in the United States to give the consumer more of a voice? Would you form another commission? Would you add consumers to every present commission? How would you do it? We all agree that the people have very little to say about the quality of what they are eating. Is that right?

Mr. **Turner.** That is right.

Mr. **Richmond.** How would you rectify it?

Mr. **Turner.** The first thing that needs to be done is to recognize that the power in making these decisions relies primarily with the food industry. The food industry is essentially a $250 billion industry, and it is one that must be moved in order to make the food supply in this country optimally nutritional.

That means to me that we must have a serious input of consumer participation in all the decisionmaking that FDA engages in and in the setting of the policies. This is a major problem right now. Consumers are not involved in setting the policies.

This would mean the creation of funds to be allocated to representatives of the consumer interests who would participate both in policymaking and policy-executing decisions at the FDA. This would mean passage of the Kennedy bill which is seeking to provide these kinds of funds for consumer intervention in agency decisionmaking.

It would mean creating a system comparable to what now exists at the Federal Trade Commission on a modest pilot level. It would also mean, in addition to this, bringing consumer participation directly into the decisionmaking of corporations.

It so happens that a number of corporations have undertaken some pilot efforts in bringing consumer participation into their activities. Mrs. Heckler sits, for example, on the board of one of the organizations that is attempting to do this. We have no idea whether the experiment will work. However, the effort to actually have consumers and consumer representatives interact with business policymakers around issues of food safety and food quality is one of the major aspects that has to be developed.

Finally, I think—and these are quick summaries, and there is more that could be discussed—but I think that quite clearly we must bring into the decisionmaking process of FDA more people who are of a relative impartial scientific quality. I would suggest doing this by creating a way in which the testing of food additives and the demonstration of nutritional quality could be accomplished by having a company request that the tests be conducted and having the FDA by a preselected random method, refer this to a number of certified laboratories rather than having the industry hire laboratories to do the work for them.

That gives you a broad concept. There are specifics that go into each of those areas that would help bring the public and the nonindustry, non-Government people more directly into the decision making.

Mr. RICHMOND. Thank you. Mr. McHugh?

Mr. MCHUGH. Thank you, Mr. Chairman.

Mr. Turner, your statement has been a very thoughtful one. What is your background? You obviously have experience in dealing with the agencies. I gather you are a practicing attorney.

Mr. TURNER. I am a consumer-interested attorney. I started working on FDA regulations of the food supply and food questions in general in 1968 as a consultant to Ralph Nader. I helped organize the Center for Responsive Law. I left there in 1971 and since that time have participated as a representative of consumer groups and consumer interests in various decisionmaking frameworks, like Government, the private sector, and so forth, in the area up until the present. That is what I do at the present time.

Mr. MCHUGH. I see.

I gather from what you said that you would strongly support the Consumer Protection Agency bill which is pending in Congress at the moment.

Mr. TURNER. Yes; I would definitely support the Consumer Protection Agency, but I would also caution that both the proponents and the opponents of the bill, I think, have inflated its effectiveness.

The Consumer Protection Agency is an important step forward, but it is what follows that agency which will be more significant. If that agency is stopped, we will be in serious trouble.

On the other hand, merely adopting such an agency will still leave open the question of resource allocation of participation of the public in a broad way in the Government decisionmaking framework, and access to the private sector.

Mr. MCHUGH. I think you are correct in principle that the public and consumers should be participating in fundamental policy decisions on food and nutrition.

Yet, we find report after report indicating that the public in general is simply not knowledgeable enough about nutrition and about food to serve its own interests.

Would you comment on that?

Mr. TURNER. For example, one of the reasons you find ignorance among the public on issues such as the kind we are talking about, is that they have been systematically excluded from both the participation in discussions about the issues and access to the information that would, in fact, inform them.

Remember, that is in addition to the fact that the basic information base itself is very fragile. We know very little about nutrition, and we know very little about food safety. Even our professionals are in that situation.

In many ways the public is more sophisticated in the general directions that we should move than the professionals are. But they have not had access to the information that is available or the resources to help develop new information.

For that reason, they would appear to be ignorant on any survey that was conducted.

On the other hand, they show tremendous resiliency in wanting to participate in food issues. The concept that 45,000 Americans would take time out to send cards and letters to the FDA on a regulation in 1965 is a fairly sophisticated generation of information.

First of all, merely to find the FDA is pretty difficult for the average citizen. Once you have found it, then to write to it is equally difficult.

What I am saying is this. Given the level of information generally available to the society, the public is surprisingly sophisticated on food issues.

Mr. **McHugh**. Thank you very much.

Mr. **Richmond**. Mr. Grassley?

Mr. **Grassley**. No questions.

Mr. **Richmond**. Mr. Panetta?

Mr. **Panetta**. Thank you, Mr. Chairman.

The thing that concerns me is where we are headed with something like this. I really do not know. As you say, we have sufficient information as to what, in fact, is and is not nutritious. Once we decide on the kind of elite group that will determine what is or is not nutritious, then we want to implement that policy on an American public that may or may not agree with that group.

We are doing that in other areas, and we should learn from other areas, that we cannot always perform that function properly.

The question I am asking is this. Is this direction that we are talking about going to result in increased nutrition?

Mr. **Turner**. I personally, and many of the people who participate in the efforts to develop a national food and nutrition policy, would argue very strongly against the idea that an elite group should be created to define what is edible and not edible and good and not good.

What we would like to see is a development of systems that would generate more information and circulate more information.

Let me give you what I consider to be relatively subtle kinds of problems that I think deserve the attention of Congress and what I think might help us develop more information and develop a better food supply.

In the argument over imitation foods, it has been our argument that any food which resembles another food, but is not that food, should be labeled: "Imitation."

On the other hand, the FDA has argued that should only be the case if it is not nutritionally equivalent. We then took the position that if they were going to adopt such a policy, then they should require the imitating food to demonstrate, by scientific studies and evidence, that the new food was, in fact, nutritionally equivalent.

The FDA took the position that we should demonstrate that it was not, if we did not like it.

We are arguing that first of all, from a consumer point of view, we do not have the resources to do that. Second, it seems to us to have misplaced the burden of proof. If we accept all of their premises, then we believe it should be the responsibility of those who are offering to substitute something in the food supply—it should be their responsibility to prove that that substitution is not going to degrade the food nutritionally or create a hazard.

That is an issue which Congress can easily address by adopting in the area of nutritional labeling or nutritional equivalency, the very same set of standards that they have adopted in the food additive area.

Those proposing the change in the food supply must demonstrate its benefit or lack of harm.

Another area of serious concern has to do with the use of what are called the recommended dietary allowances, which are generated by the National Academy of Sciences. The National Academy of Sciences panel that prepared these had a fairly thoughtful discussion about how a concept such as this should be used in the general population.

There is a great deal of argument—and I happen to share this point of view—that the way the FDA is using the recommended dietary allowances by mathematically altering them and then creating a new entity known as the U.S. recommended daily allowance—that by doing that the FDA has gone far outside the intended use of the National Academy of Science's research.

Whether they are outside of the intended use or not, they are way outside the practical use. The argument the Agency gives is that this is the best information they have available and therefore they are using it.

Unfortunately, many times when we use the best information we use something that is totally unsuited for the job. This is, I think, one of those cases.

We are moving towards some kind of an overview umbrella that would say, "Here are the good things and here are the bad things." We are doing that, I think, under our misguided notion of what the recommended dietary allowances are all about.

Those are two areas. That one and the listing or the proving of nutritional equivalency where I think Congress could play an important policy setting role because both of the policy questions have been left in the hands of the elite scientific groups.

Mr. PANETTA. But even for us to establish that, we need an informational base. Frankly, I do not know that much about nutrition outside of what my family eats and what we are accustomed to eating which we feel is good or bad.

But for me, then, to impose that on a national policy administered by the Congress is another question.

My concern here is that I really think we lack that kind of informational base. Even FDA and FTC can come back and say that they do not have enough information.

While we can all agree that this is the direction we want to go, I think the most important thing we can do now is to establish information to say what is good or bad. Maybe we will not even come to any conclusion. I do not know.

Mr. TURNER. There are two things that need to be done. One is the establishment of that base. I think that is something that the Congress can certainly assist in.

But I think the second thing the Congress must undertake and has always undertaken in its history, is how to organize social policy in an area where the information base is limited and what kind of risks do we take in the face of not knowing when we are taking risks.

I would argue personally that we must be very conservative. Others might argue otherwise. But the point is that Congress has got to provide that guidance. They cannot expect an agency like the FDA to do it.

FDA exists because there is a presumption that there is information which, once looked at, will resolve the problem. That premise is no longer sound. Since that premise is no longer sound, the agency created around that premise must be carefully examined to be sure that it is not undertaking policy decisions which rightfully belong in the hands of Congress and not the FDA.

Mr. Heckler and I both serve on the board of the Food Safety Council, and we have, in fact, retained the services of six economics and social scientists for the purpose of formulating a decisionmaking process that could be used in the face of the absence of information.

This would be a suggested way of approaching a problem where there are risks and there are benefits, but there is no real information about which are which and when each arises.

That is the job for Congress, not the Federal bureaucracy, I would argue. I think it is extremely important for a committee such as this to undertake a look at it.

Mr. PANETTA. Thank you.

Mr. RICHMOND. Thank you, Mr. Turner, for your eloquent and knowledgeable testimony. I hope you will work closely with our committee.

Mr. TURNER. I have been and I enjoy it.

Thank you very much.

Mr. RICHMOND. Our next witness is Dr. Johanna Dwyer, director of the Frances Stern Nutrition Center, who is presenting a statement for Dr. Jean Mayer, who is one of the foremost authorities in the field of nutrition.

Dr. Jean Mayer is preseident of Tufts University.

STATEMENT OF DR. JEAN MAYER, PRESIDENT, TUFTS UNIVERSITY, PRESENTED BY DR. JOHANNA DWYER, FRANCES STERN NUTRITION CENTER

Dr. DWYER. Mr. Chairman, I bring the apologies from Dr. Mayer and ask that our complete remarks be inserted in the record.

Mr. RICHMOND. Without objection, so ordered.

[The prepared statement of Dr. Mayer follows:]

Statement of Dr. Jean Mayer, President, Tufts University, Medford, Mass.

Mr. Chairman, I am highly gratified at being asked to comment on the very important problem of nutrition education and deeply regret that my commitments at Tufts University make it impossible for me to appear personally before you at these hearings.

An understanding of good nutrition, both its effect in the body and the ways to obtain it from foods, has never been more necessary than it is today. Our food supply is becoming increasingly complex. Each month about 500 new foods appear in our supermarket. About 10 percent are accepted. Many simply expand our food supply; some replace old foods. As eating habits alter, so may nutritional status. Each year, nutrition research is making it clearer that the knowledge and practice of good nutrition in our daily lives can reap important health and economic benefits for each individual and for the Nation as a whole.

Nutrition education is more important than ever. And, if my experience is any indication, the American public is eager for it, both as consumers and as students. But as yet, we are not doing a very good job of teaching nutrition, either informally or formally.

It is fair, I think, to say that no other subject area is in competition with as much misinformation as is nutrition. We have only to walk through paperback bookstores or leaf through popular magazines to find that books and articles on diet and nutrition written by uninformed laymen or by quacks far outnumber those written by authoritative researchers or teachers in the field. Nutritionists, by and large, write for other scientists, not for the general public.

Food advertising all too often represents an abundant source of misinformation. Advertisers, of course, are out to sell products. They have resources hundreds of times in excess of federal expenditures for nutrition education. And the products which absorb much of that huge budget are such things as soft drinks and snack foods of little nutritional value. Part of the problem here is that some of the best foods, like fruits and vegetables, are sold by many small producers, who do not have the money to advertise individually and do not have the brand-name incentive to join together for a nationwide advertising campaign. In the last few years, there has been some small increase in effective and accurate nutrition advertising by large companies. But much more needs to be done to improve the veracity, information content, and tone of food advertising. I believe we should consider some form of support for nutrition advertising of good foods, and some forms of disincentives for the advertising of poor ones through coordinated action by the Food and Drug Administration, Federal Trade Commission, Federal Communications Commission, foundations, and various private groups.

We also need a massive campaign in nutrition education for the general public. For example, we now have nutrition labeling, although it is not as complete as we could wish. But we are finding that there are many consumers who do not understand it. One problem here that has not yet been overcome is that it is easy to impart information when you do not have to stick to the facts. It is much more difficult to provide accurate nutrition information is a simple, clear, and compelling manner. We should have more research into the best and most effeotive methods of doing innovative informal nutrition education, and we also need to provide a means of evaluating the results of our efforts.

This, of course, must go side-by-side with formal nutrition education in our schools and colleges. Here, too, we are thus far doing a poor job.

We can make much better use of the School Lunch and Breakfast and Summer Feeding Programs to teach nutrition. Particularly in the School Lunch Program, the largest in the country, perhaps the world, careful coordination of the Program itself with an equally carefully designed nutrition curriculum (itself a part of a more general health-oriented program) would be a true breakthrough in educating our children in lifelong habits of preventive nutrition. I would hope that Senate Bill S1420, which contains a provision of 27 million dollars for nutrition education for the School Lunch Program, and is now in conference, would be approved. (A model curriculum is attached.)

In recent years, a number of colleges and junior colleges have instituted Health Science courses. We at Tufts are finding a very lively student demand for courses in every aspect of nutrition, both in the undergraduate and the graduate schools. In general, however, schools of all sorts, from kindergarten through medical school, are deficient in teaching nutrition. One severe restriction in attempting to alter this condition is that far too few nutrition researchers and educators have themselves been graduated in recent years. Another, not so severe, is that there is a real need for better and more innovative teaching material both in nutrition and in the health sciences in general. Once again, the need is both for more education and more research in order to do it well.

One very useful measure would be to have the Schweiker bill, which would provide support for nutrition education in medical and dental schools, become law.

In summary, the need for nutrition education is clear, the desire of consumers and students is apparent. With good teaching material, stepped-up use of the media, expanded formal teaching of nutrition, and increased research, we can do it well.

Appendix

Model Curriculum for Nutrition Education in Schools

First cycle (Grades 1,2,3)

Various types of food-regional and ethnic foods.
Descriptions of plants and animals which are used as food.
Where milk comes from, how butter is made.

Rapport with families, stores - Wheat growing and milling. Fishing.
Discovery of corn and potatoes.

Second cycle (Grades 4,5,6)

The human body, with special attention to how food is used: chewing, the role of the stomach, intestine, liver. How food and oxygen are brought to all cells in the body. Taste and olfaction.

Third cycle (Grades 7,8,9)

The nutrients: carbohydrates, fat, protein, vitamins.
Calories.
Calories in foods, caloric expenditures - Nutritional labelling.
Ingredient labelling.

Fourth cycle (Grades 10,11,12)

Weight control. How to calculate your diet.
Proteins and amino acids: animal and vegetable sources.
The identification of vitamins ("natural" and synthetic vitamins).

Fads and fallacies.
Nutrition and athletics.
Nutrition and the prevention of disease.

Throughout: Recipes and ingredients in the school lunch program will be emphasized. From the 7th grade on all foods presented in the school lunch room will be labelled both in terms of nutritional labelling and ingredient labelling.

I would strongly recommend that the Federal Government assist state education departments in establishing and supporting a required course on human biology to be given sometime in the last two years of high school; this course would include as one of its components the physiological and health aspects of nutrition.

STATEMENT OF JOHANNA DWYER, FRANCES STERN NUTRITION CENTER, NEW ENGLAND MEDICAL CENTER HOSPITAL, BOSTON, MASS.

Dr. DWYER. It is gratifying to see the meeting of the minds between the distinguished witnesses and some of the committee's responses of those that Dr. Mayer and I prepared and those which we would like to bring to your attention now.

Nutrition education seems to be becoming more important than ever. If our experience is any indication, the American public is eager for it, both as consumers and as students. But, as yet, we are not doing a very good job of teaching nutrition either informally or formally.

It is fair, I think, to say that no other subject matter is in competition with as much misinformation as is nutrition. We have only to walk through paperback bookstores or leaf through popular magazines to find books and articles on diet and nutrition written by uninformed laymen or by quacks far outnumber those written by authoritative researchers or teachers in the field.

Nutritionists, by and large, write for all other scientists and not for the general public. Food advertising all too often represents an abundant source of misinformation. Advertisers, of course, are out to sell products. They have resources hundreds of times in excess of Federal expeditures for nutrition education. I think several people have already pointed that out this morning.

The products which absorb much of this budget are such things as soft drinks and snack foods of little nutritional value.

Part of the problem here is that some of the best foods, like fruits and vegetables—which Representative Symms mentioned—are sold by many small producers who do not have the money to advertise individually and do not have the brand name incentive to join together for a nationwide advertising campaign.

In the last few years there has been some small increase in effective and accurate nutrition advertising by large companies, but much more needs to be done to improve the voracity, information, content, and tone of food advertising. I believe we should consider some form of support for nutrition advertising of good foods and some forms of disincentives for the advertising of poor ones through coordinated action by the Food and Drug Administration, the Federal Trade Commission, the Federal Communications Commission, foundations, and various private groups.

We also need a massive campaign in nutrition education for the general public which many of you have spoken about this morning. For example, we now have nutrient labeling, although it is not as complete as we would wish it to be, but we are finding there are many consumers who do not understand.

One problem here which has not yet been overcome is that it is easy to impart information when you do not have to stick to the facts. It is much more difficult to provide accurate nutrition information in a simple, clear, and compelling manner.

We should have more research into the best and most effective ways of doing innovative, informal nutrition education. We also need to provide means for evaluating the results of our efforts.

This, of course, must go side-by-side with formal nutrition education in our schools and colleges. Hereto thus far we are not doing as good a job as we could. We could make better use of the school lunch and breakfast and summer feeding programs to teach nutrition, particularly in the school lunch program—the largest in the country and perhaps in the world—with careful coordination of the program itself with an equally designed nutrition curriculum. It itself would be part of a more general health curriculum which would be a true breakthrough in educating our children in life-long habits of preventing malnutrition.

I would hope that Senate bill 1420, which contains a provision of $27 million for nutrition education for school lunch programs, which is now in conference, would be approved.

In recent years the number of colleges and junior colleges have instituted health sciences programs. At Tufts, Dr. Mayer did this as one of the first things when he came there. They are finding a lively student demand for courses in every aspect of nutrition, both at the undergraduate level and in the graduate schools.

In general, however, schools of all sorts from kindergarten through medical schools are deficient in teaching nutrition. One severe restriction in attempting to take care of this condition is that far too little nutrition researchers and educators have themselves been graduated in recent years.

Another not so severe limitation is that there is a real need for better and more innovative teaching material both in nutrition and in health sciences in general.

Once again, the need is both for more education and more research in order to do it well. One very useful measure is the Schweiker bill which might provide support for nutrition education in medical and dental schools.

In summary, the need for nutrition education is clear. The desire of consumers and students is apparent. With good teaching material, stepped up use of the media, expanded formal teaching of nutrition, and increased research, we can do it well.

My own experience, ladies and gentlemen, revolves around my efforts to work in the health care system, to teach health professionals and in my efforts in cooperating with Dr. Mayer and writing his syndicated newspaper column in order to try to give you some feedback from the kinds of things we see from the letters we receive from people who write in on the newspaper column.

I just want to mention the major things we see. We see both information starvation, that is, not knowing what to do in terms of nutrition and information overload, that is, confusion about what to do because of so much conflicting advice that many of you have spoken to already.

The letters that we get fall into three general categories. First of all, there are questions from people who are already ill with nutrition-related diseases asking what to do. These cannot be answered because the medical facts are not clear and correspondents must be referred to their health professionals for advice.

The second kind of questions are from people who have been identified as being especially likely to develop nutrition-related diseases who want to know what to do. Again, these are complex problems which can only be answered in consultation with a physician. Often our writters have not obtained such advice.

Also, here we get letters from people with nonnutritional related problems which they are convinced are caused by food or by their nutrition or which they believe should have a nutritionally cure of some kind, no matter how bizarre or odd or strange these cures might be.

Finally, we get questions from well people who want to stay well and eat prudently. They are questions from people about foods and food composition and food processing and cooking. I must say that Representative Symms could teach them a lot in terms of his presentation this morning.

Therefore, it appears to us that there is a great need for a great number of things at the Federal level which I do not think would cost a lot of money.

First, better education in clinical nutrition for all health professionals, not just for doctors.

Second, the development of clearer statements representing minimal levels of consensus with respect to useful measures for fostering healthful food consumption practices and providing a food supply which is in line with nutrition needs.

Third, development of prudent dietary recommendations for the general population and clear statements suitable for the general public on issues having to do with nutrition and health, including levels of assurance with which these statements are made, like the pros and cons when the evidence is not yet definitive.

Finally, development of nutrition information support systems via both formal and nonformal education. Nutrition education research and small scale demonstration projects will be needed before effective mass intervention campaigns are mounted on some topics. I am sure you will hear a lot more about that today.

Mr. RICHMOND. Thank you.

Mr. Symms?

Mr. SYMMS. I appreciate your interesting testimony and the effort you are making through your column to help the public be more aware of nutrition.

In your experience you mentioned medical school weakness with respect to nutrition. Do you find anyplace where medical schools are starting now to emphasize nutritional training and preventative methods to doctors more than they have in the past?

Dr. DWYER. Yes, sir. I work in the teaching hospital of Tufts Medical School. We are trying very hard. It helps very much to have a nutritionist who is president of a university. It seems that people move faster under those conditions.

There are a number of other schools. Some that come to mind off the top of my head are Albany Medical School in upstate New York where Mr. McHugh is from. He is about 100 miles away.

Vanderbilt Medical School and the University of California at Berkeley and many others around the country are trying very hard. It is not an easy task but they are certainly bending their backs to try to do this task.

Mr. SYMMS. Thank you very much. I hope that as more light is shed on this subject that it will become emphasized more because I do believe that preventative medicine is a proper approach to holding down medical costs and making people, in general, more healthy.

I was also wondering about this. There are a great many of us who are interested in vitamins and such. Do you feel that the average American does not need vitamins if he eats proper food? Does he still need to take additional food supplements in vitamins?

Dr. DWYER. My more lengthy remarks go into that further. Basically, if the diet is selected correctly, it is entirely possible to meet nutrient needs without having to resort to vitamin pills except in some cases, for example, a lady who is pregnant might need some iron or something like that.

Mr. SYMMS. Thank you.

Thank you, Mr. Chairman. If you will excuse me, I will be back later.

Mr. RICHMOND. Dr. Dwyer, your testimony was excellent. Your columns have done a great deal to provide consumers with answers to their questions on nutrition and health.

Dr. DWYER. I think you are doing just as much, but let us keep working together to do that.

Mr. RICHMOND. What type of legislation do you think we need to do this necessary job which seems apparent to all of us?

Dr. DWYER. Mr. Chairman, I will follow your hearings with great interest and also the hearings which we heard from one of our previous speakers. I am not an expert on the best ways to go about this.

What I mentioned is a couple of bills. I think the Schweiker bill would help out on helping to get the nutrition professionals and the physicians better equipped. On the consumer end, I think there is a tremendous need for objective nutrition information, as there is for any kind of preventative health care information. I think we need better funding for that sort of thing.

But you are the experts on how to go about it.

Mr. RICHMOND. Thank you.

Mr. McHugh?

Mr. MCHUGH. Dr. Dwyer, I would like to add my note of thanks and congratulations for your fine testimony and for the work you are doing.

You spoke, as others have, about the problem we face with television advertising and how to cope with that, given the enormous resources the food industry has.

You specifically mentioned providing incentives or disincentives, as the case may be, for the food industry to provide more effective nutritional information.

That is very consistent, I think, with what Representative Scheuer said. He suggested that we must find ways to cooperate with the food industry. I doubt Congress would mandate what could or could not be said or presented on television.

But certainly incentives or disincentives might be worthwhile, especially if they could be worked out through cooperative efforts with industry.

Do you have any further thoughts on that; that is, specific incentives or disincentives you have in mind?

Dr. DWYER. I can give some examples we have worked with so far. I see Dr. Helen Guthrie, who is president of the Society for Nutrition

Education, will testify later this afternoon. One thing that the Society for Nutrition Education has done is to try to create carrots. We prefer carrots to sticks because carrots are nutritious and sticks just whip people.

But this is to sponsor recognition in conjunction with the magazine of Nutrition Advertising. That is good. It seems to us that this is one of the carrots that can help people do a good job in their advertising to be rewarded, not just from their sales, we hope, but also from voluntary and professional societies.

Some of the other kinds of things that we tried to foster are this. I was the president of that same organization last year. This was working closely with the Federal Trade Commission to come up with a better TRR. I do not know where that stands at the present time, but that seems to me that some very clear things—some guidelines for advertisers. I do not think it necessary has to be a law, but some clear guidelines as to what is and what is not probably misleading or helpful.

On the disincentives, I am not so good. I am an educator and I try to handle things, but positive incentives I cannot give you any good examples here. I guess one is that it is too bad that sometimes people who are selling outright frauds, it turns out they are making more money than the fines they have to pay. It is not equal so they go on doing it.

Mr. McHugh. Thank you.

Mr. Richmond. Mr. Panetta?

Mr. Panetta. Dr. Dwyer, what in your experience is the most effective way to really educate the public on nutrition. How would you really get across to the public the need to consider good nutrition?

Dr. Dwyer. The kinds of things that we are doing and the clinic that I work in, Mr. Panetta, are trying to reach people through more sense modalities than usual in nutrition education. This is basically saying that food is something you eat and you have some "Snap, Crackle, and Pop." It depends on what you are eating. It has to do with smell. It is easy to talk about it, but if you are using your senses—we have been doing things like videotapes and illustrations of things and so forth, as well as simply writing about it or talking about it.

I think another thing which helps is very specific information. I mentioned this in my written testimony, but there was an interesting campaign carried out a couple of years ago down in New York City, where Mr. Richmond is from. It was on lead poisoning, which is a related problem, but it is nutritionally related behavior. This was a pica campaign. This was a specific campaign directed against children who ate things that were not food. I think the specificity and the use of modern techniques is the answer to getting things across to the American public.

Mr. Panetta. What is your feeling with regards to the resistance that is taking place with regard to nutrition? In other words, why are medical schools short on nutrition education and why do we have to fight this battle with educators to offer nutrition education as an important subject to children and to the public?

Dr. Dwyer. I think that nutrition is a margin problem. The economists call it that. It is half in medicine and half out of medicine. It is a life problem as well as a sickness problem. It also falls under the difficulty of being preventative rather than curative medicine. I think a health care system, until quite recently, has been curatively oriented. We have to retrain our health professionals in terms of preventative measures.

If some of the things in the Washington Post that are there are true, there will be less acute beds, if Mr. Califano has his way.

Mr. PANETTA. Thank you.

Mr. RICHMOND. Dr. Dwyer, I have one comment before you leave.

We just received a GAO survey of school lunches around the United States. It appears that plate waste of all types of lunches, not only the meal packs, but cafeteria-style lunches and lunches made by indigenous people in the community seems to run about the same, which is 19 percent for meat, 19 percent for bread, and 47 percent for vegetables.

How would you go about dealing with that? How are we going to get children to eat nutritious foods when they throw away half of what is on their plate?

Dr. DWYER. Mr. Chairman, I took my vacation this year in England. I do not want to hurt the feelings of the English, but they certainly do not know how to cook vegetables over there. I would like to see how some of these vegetables are cooked before I answered about that 47 percent. Maybe we can try it raw for awhile. [Laughter.]

[The prepared statement of Dr. Dwyer follows:]

PREPARED STATEMENT OF DR. JOHANNA DWYER

Congressman Richmond and members of the subcommittee, thank you for asking me to testify. I am Johanna Dwyer, director of the Frances Stern Nutrition Center, New England Medical Center Hospital, Boston, Massachusetts. Our unit deals with the nutrition problems of persons who see our hospital physicians or physicians in the community who wish nutritional care for our patients. We have also been engaged in a number of patient education efforts involving federal programs, working together with health centers and other groups in the Boston area on WIC, elderly meals programs, food stamps and so forth. The Center is the clinical and didactic education site for a joint intership masters' degree in clinical nutrition education which is granted through the Tufts Nutrition Institute, a part of Tufts University, Medford, Massachusetts. I am an associate professor in the Departments of Medicine and Community Health, Tufts Medical School, a lecturer at the Harvard School of Public Health and the Massachusetts Institute of Technology. My major contacts with consumers come through the clinic, and the syndicated newspaper column I write with Dr. Jean Mayer on topics in nutrition. I also function as a nonpaid consultant to the Giant Foods Labeling Committee; a supermarket chain which has a progressive, consumer oriented policies, and to the Medical Foundation, Boston, which is involved with trying to foster healthful food consumption practices and other preventively oriented health practices. I am a member on the board of directors and immediate past president of the Society for Nutrition Education. I am thus privileged to have some exposure to the broad range of problems people both well and sick have in understanding nutrition and applying it in their daily lives. And I must say that the food programs have done much more than was the case a decade ago in assuring that food assistance is provided and that the biggest consumer problem, getting enough to eat, has been largely solved.

Instead of outright starvation, what we are faced with today in large part is information starvation in some important areas, information overload in others, and confustion in the consumers' mind in almost all as to the facts with respect to the relationship between food nutrition, health, and disease. It is the business of nutrition education to deal with these problems. And I believe that the Federal Government has been extraordinarily niggardly in financing its efforts on informing the public about the facts with respect to these topics. The summation of all the agency efforts—I see from your report you have identified

30 separatep rograms—simply does not meet the task either with respect to funding levels, methods, media, or message.

I have reviewed some letters we have received from people asking questions about food and health which they wrote to me and Dr. Mayer after reading our newspaper column, which I will summarize for you. Some of these letters are extremely sad. They show that the writers are trying desperately to learn what they can do themselves to foster healthful food consumption practices in their own and their families' lives, and yet they do not know where to turn for objective, unbiased, advice. Many of these questions are legitimate questions from people already ill from nutrition-related diseases—questions which cannot be answered without knowledge of their medical problems and in consultation with a physician. Unfortunately some of these questions have not been answered by their doctors nor have the people been referred for nutritional care to a dietitian. And so they write to the newspaper and we have to refer them back to their physician to press him for comment. While much has been made already about the need for better nutrition education of physicians, too little attention has been devoted to the need of also teaching doctors-to-be to refer patients who need food treatment to dietitians and nutritionists whose expertise is food. Also, since the backbone of medical care is the nursing profession, nurses and other allied health professionals simply have to be better educated in terms of nutrition. Therefore, I see better nutrition education of those who are health care providers as one way to help consumers in this area. This involves integrating nutritional concerns into the health care system.

Fortunately, many of the patients we see in our clinic and many of the letters we get are from people who have some minor signs of nutrition related disease, but who are not so sick that they must stay in the hospital. The confusion among these people about what to do in terms of the way they eat is simply enormous. As you all know, there are at present two hotly contended notions of the best ways to go about fostering healthful food consumption practices today. One way is screening—trying to identify those in the population who are the most likely to have a high probability of contracting a nutrition-related or some other disease on the basis of easily discovered characteristics, like a blood test; serum cholesterol and triglyceride tests are one such procedure which helps to identify those at risk of heart disease. Smoking and other factors are also important here too, though. These people are then given careful assessment, counseling, and, we would hope, care. The other major approach is to adopt mass measures which are applied across the board to everybody. One example here is fluoridation of the water supply; even though the major positive effect is before the child enters school, the cheapest and easiest way to get at building stronger teeth is by doing this.

Now many of the people whom we get a lot of our questions from have often been screened and it is well known that they are at high risk for problems such as atherosclerosis, hypertension, other obesity-related conditions, iron deficiency anemia and so forth. Yet they still are not clear on what they should be doing with respect to diet, if diet is helpful in alleviating or treating the disease. In addition of course, there are many other people who have never been screened at all even though they should be. Nutrition education efforts here have fallen down seriously as well. As a result in part of not knowing what to do, some of these people do nothing, others do ineffective things, and some embark on potentially harmful diets on their own. So in my view, screening efforts for nutrition-related diseases aren't the whole answer to the nutrition education dilemma. Screening without followup, assessment, counseling, and education isn't going to do any good at all for these disorders. And what is more, for many nutrition-related problems, no screening techniques exist anyway.

For the tests we do have, the first task of health and nutrition education is to convince people to get screened. Then we have to motivate and educate them on the importance of doing something about it, and finally we have to do far better by them in terms of helping them to do it. For people with special dietary needs, such as those with atherosclerosis, certain intolerances or hypersensitivities to various food ingredients, special needs as in pregnancy or lactation, and many others, it is exceedingly difficult to do this today. Foods are not labeled for the nutrients or other substances most likely to be problematic. Only a small proportion of all foods are labeled. Few processors have chosen to voluntarily label such ingredient information as polyunsaturated and saturated fat, cholesterol or calories which are possibly important for those at risk of heart disease need to know. Incidentally, diabetics, who also have elevated risks of heart disease also often need this kind of information. The amount of sodium in foods in not labeled either. These are just a few of many examples.

But the last and biggest group of the people I encounter in my daily life who ask questions are the well people who are trying to stay well and who want to make sure they are doing all they can to do so in things dietary. What to tell them? As you know very well, the Senate Select Committee on Nutrition and Human Needs recently issued some suggestions called the Dietary Goals for the United States. These dietary goals for individuals have been widely misinterpreted. Some see them as representing the first step toward socialism, and others as dangerous because they might lead to people not consulting health care professionals about their health problems. And, of course, the toes of some commodity groups have been stepped on. A more valid criticism is that for some people there is little to be gained from them since they are not at risk to begin with. The answer to this is that little harm will be done in any event, the number of persons not at risk is much smaller than might be thought, and, especially for families with a high risk individual in them these patterns would represent a half-way accommodation and ease that person's problems in making more extensive alterations in the same direction. I feel somewhat differently about them, (e.g. the dietary goal) and believe that while they do have some problems, they represent a useful first approximation to where we should be going in nutrition education.

They can and do furnish practical advice in ordinary language to people which they can choose to apply if they wish, in their own daily lives. They emphasize the problems of overnutrition in an affluent society rather than concentrating on the alleviation of deficiencies alone as being a legitimate topic for nutrition information and education for consumers. However, they are not complete as they stand. For example, alcohol is not mentioned at all, nor are the notions of balancing energy intakes and physical activity. The level of sureness about benefits from each dietary change needs more clarification. And other desireable associated changes in preventive health care behavior on an individual level to foster health in the same areas such as oral hygiene, moderation in alcohol consumption, decreased smoking, increased exercise, etc. all need to be spelled out more fully. Finally, these are goals suggesting changes based on national averages across all age-sex-and income groups. It would be more helpful to take up the same general notion of prudent diet goals for healthy people and get at specifics for the young child, the middle aged, the old, and so forth.

It is a great pity nonetheless that the most talked about statement having to do with nutrition education in 1977 has been made by the Congress and not by scientists, including nutrition educators. I attribute this to the fact that Congressmen such as yourselves are perhaps more in touch with consumer wants in the nutrition information area than either we educators or the executive branch of Government has been to date. Congress has done a service in that it has forced health and nutrition scientists and educators to either fish or cut bait on the issues of nutrition related health information and health promotion. It has indicated that the crucial link between food and health is recognized by Congress and by the American consumer. In my opinion, it is up to Congress to facilitate through funding and interagency collaboration as well as involvement of the voluntary and private sectors, more specific efforts at providing information on diet, with levels of uncertainty which may exist clearly specified, and which speak to the same problems.

There is also a need for coming up with better guides to food selection than exist at present. A number of studies have indicated that food grouping guides are not always understood. But more important, they often deal only with protecting against deficiencies in terms of nutrients. While this is important, food guides also need to speak to the issue of overconsumption not only of energy but of other substances. Elements similar to "The Dietary Goals" approach may be helpful in some respects here.

Ultimately for consumers to understand and apply what is known about nutrition in their daily lives, we are going to have to upgrade knowledge of nutrients as well as food groups in the population. It appears to me from the letters we get that there is a fairly sharp age segregation in this regard at present. It runs something like this:

Concepts used in thinking about nutrition	People most likely to think this way.
Food groups, "balancing" of different foods, and avoiding deficiencies	Adults over 30 years.
Nutrients	Children up to 10 years.
Bits of both	10 to 30 years.

Wisdom with respect to things nutritional does not appear to be associated with advancing age. The fact that in some schools where nutrition has been well taught, youngsters are more sophisticated than their parents testifies to the fact that if this field is taught correctly, it is not intellectually difficult to grasp the important principles needing application in daily life.

Establishing minimal levels of consensus on useful measures for fostering healthful food consumption practices

The first task facing the nutrition educator is to assess how sure we are of the value of certain preventively oriented nutrition measures aimed at fostering healthful food consumption practices.

If we examine the range of preventive measures which have been suggested, with respect to nutrition, they fall in three major categories:

State of knowledge about efficacy	*Logical action*
1. Scientific evidence about association or causation of disease and their relationship are well documented and health actions are of demonstrated efficacy.	Mount public health action on a large scale.
2. Substantial evidence available, and some idea about what to do.	Continue research and test potential strategies.
3. Presumptive evidence exists but the scientific basis is not secure.	Continue research and attempt to develop attacks on the problem.

Categorization of various measures have been suggested will necessarily involve drawing upon the expertise of a wide variety of agencies, particularly the USDA and HEW for comment, as well as the opinions of relevant groups in the private and voluntary sectors.

The Federal Government is well equipped to bring together such information and various types of people who could develop a minimum level of consensus with respect to how various suggested measures might be classified, and to support the additional research needed to do this in an orderly manner. Out of such discussions some sense of national priorities and goals may be developed.

Today most nutrition scientists would agree that there is a need for the Recommended Dietary Allowances, some sort of eating guide for laymen, a formulation of basic concepts for nutrition education and the relationship between nutrition and health. On the other hand, there is very sharp disagreement on such topics as:

1. The efficacy of prudent dietary recommendations based on associations between dietary patterns and disease.
2. Whether the "Recommend Dietary Allowances" or some other document should address and assess more fully the evidence with respect to the interrelationships between various levels of macronutrients and health, and the levels of assurance we have with respect to this information.
3. The utility of the Basic 4 in planning diets.
4. The advisability of the "Dietary Goals for Health" as they have been proposed at present.
5. The advisability of Government sponsored large scale intervention programs for fostering healthful food consumption practices.

The field of nutrition sorely needs efforts to have consensus at present. For such an effort to be worthwhile it needs to be based on interagency, interdepartmental and intersectoral discussion of the state of the art and effectiveness of various interventions.

Prudent dietary recommendations for the general population

A second need in nutrition education is developing ways to help those who wish to do so develop lifestyle practices which place them in lower risk categories. People's lifestyle choices are their own business to a large extent, and what is specifically needed here are better guides to individual action with perhaps some social support for positive action from the standpoint of fostering healthful food consumption practices and prudent recommendations for healthy people. Such recommendations must be given with careful and objective evaluations of the pros, cons, and limitations of the evidence at present. The public must realize that as scientific advances are made, the advice may very well change, and that there are no, or very few, 100 percent guarantees. It is obvious that such cautious statements instead of the "sure-fire cures for killer diseases" approach may mean that fewer people will make "prudent" dietary adoptions in an effort to place themselves in presumably lower risk categories. But at least nutrition educators will avoid the pitfall of seeming to promise cures when all that can be assured is a reduction in some risk categories. It goes without saying that such prudent recommendations should never be thought of as coercive. Given the information, consumers have the right to be as prudent or profligate in their dietary choices as they wish to be.

Probably all nutrition educators can agree that one ultimate goal of nutrition education is to instill better knowledge of nutrient needs and their relation to health among all the population, and the ability to obtain a diet to foster healthful food consumption practices if they wish to do so. Development of a better guide to prudent eating which is a hybrid of the Basic 4, Basic 7, or Food exchange systems of the American Diabetes Association—American Dietetic Association and the concept behind The Dietary Goals is an actionable, immediately realizable objective which will help to do this. Other measures to foster healthful food consumption practices, such as increased understanding of risk factors, better labeling of food products, etc. will also help to do this.

Developing nutrition information support systems for consumers

Nutrition educators have traditionally seen themselves as being most directly involved in formal education systems. And yet more information about eating is obtained from the mass media, from modeling one's own behavior on that of others and from the physical and social environment than from the classroom. Therefore ways of fostering health food consumption practices in both formal and non-formal education settings need to be explored.

To inventory some of the many possible measures which need to be explored, the following deserve mention:

1. Formal educational settings.
2. Non-formal educational settings:
   - *a.* Home eating: better labeling, better example of others in the family
   - *b.* Away from home eating: fostering healthful food consumption practices in fast food places, restaurants, schools
   - *c.* Mass media: better regulations governing food advertising, more public service announcements.

To develop only one example of a non-formal means of communicative nutrition information to consumers and possibilities for action, let us consider food labels. The utility of labeling of all foods with the following information needs to be tested:

1. *Wise Buying Information*—freshness, grading, unit prices, etc.
2. *Ingredient information*—
3. *Nutrient information* (as presently done under FDA regulations).
4. *Prudent lifestyle information*—calories, saturated and unsaturated fat, cholesterol, sodium, potasium, and as better analytical information is available, perhaps other substances as well.

Today the situation which exists is exceedingly confusing to consumers, as the recent report on food grading from the Office of Technology Assessment reveals. Many basic commodities are not labeled at all. Some processed foods have nutrient labeling while others do not, and so forth.

The process of analyzing what needs to go on labels involves all of the following steps:

1. Do consumers need it, want it?
2. Is it possible to do from the analytic standpoint, from the regulatory standpoint?
3. What are the costs, benefits and tradeoffs involved?
4. How do pilot tests come out with respect to:
   - *a.* Costs of supplying information.
   - *b.* Relative costs of this type of information vs. some other option.
   - *c.* Consumer use, acceptance, and understanding.
5. How do costs and benefits come out after pretests have given firmer estimates?

What not to do

Several suggestions for needs which might be better met by federal action have been made. All are actionable and not overly grandiose. Now for one suggestion of what is not likely to be useful. In this writer's mind a full blown campaign on the part of the federal government to change eating practices is probably not in order. The association between nutritional factors to health is attested to by a good deal of scientific evidence but the efficacy of intervention measures is still not demonstrated. Under circumstances such as these the Federal government may play a useful role in demonstrating and applying research findings. However, large scale implementation schemes involving the alteration of diet quality tend to be too unitarian if mounted by the Federal government, and thus much valuable information on the most efficient ways to accomplish objectives may never be unearthed. Rather, experiments and small scale changes in government administered programs such as school lunch, food stamps, WIC, etc. should be mounted with the aim of discovering the best ways to intervene.

Consumer misconceptions: How can we reverse the trend

In addition to the "informational anemia" problem there is the question of "misinformation overload". This section of the paper presents some questions and tentative answers on these problems.

Question 1. How might persons with the disciplines such as market research journalism and food production help nutritionists to reverse the trend of consumer misconceptions?

Answer. In the first place, I am not sure there is a trend toward more and more consumer misconception. As a matter of fact, I think the trend is toward greater consumer awareness of the issues both in health and in food.

Therefore, as I see it, marketing people and marketing research sciences people can work toward:

1. providing more complete information to consumers and carefully monitoring the effects of such measures.

2. and getting hard data (that is, on both costs and effectiveness) on such various measures as expanding nutrient labeling to universal labeling, adding calories, sodium, potassium, sugars and complex carbohydrates, saturated fat/unsaturated fat and cholesterol to labels.

3. Running careful trials with selected products of the above instead of automatically assuming that they are impossible.

4. Supporting the concept behind such measures as the Dietary Goals for the United States.

5. Developing data banks which give complete ingredient information for access on such matters as MAO inhibitors, gluten, and lactose, perhaps which cause intolerances and hypersensitivities in some patients.

The Fourth estate (e.g. journalists and the mass media) can publicize findings based on sound scientific fact and act in social marketing of "prudent" or preventively oriented measures. More complete consumer information on labels helps to do this. Better codes or rules for food advertising on the mass media do too. More information on menus and more choices in fast food places, restaurants and other catering establishments will also help.

Going back to the basics, then, what we need is better organized efforts on the part of public, private and voluntary groups to provide consumers with the information they need or want. We need to adjust the social environments which are conducive to favoring the wise use of foods and to fostering healthful food consumption practices. These efforts will require the cooperation of marketing and media experts as well as the groups which until now have been concerned with the problems. The spirit of openness and dialogue rather than that of confrontation is necessary. After all, what we are talking about is a political process to improve the general welfare of everybody. I believe that these efforts should come primarily from private and voluntary sources, not from the public sector. And I believe that these efforts need to be mounted right now.

Question 2. Consumer interests and concerns change at different rates (e.g. red No. 2 and saccharine were quick, fiber and hyperkinesis slow):

Question a. How do we most effectively monitor such changes and insure that this information is accessible to persons with expertise in evaluating the impact of such changes on nutritional status and health?

Answer. Incorporate market survey data by Harris, Yankelovich, industry surveys etc. into Nutrition Reviews and other professional journals read by those who deal with the public as a regular Feature. I do not believe that most opinion changes do in fact have rapid impacts on health status. However, they may have very marked effects on sales of certain products or lead to foolishness on the part of manufacturers (such as producing superfortified products) or on the part of consumers (as in the rash of "milk allergy" o rhypersensitivity) type elimination diets).

Question b. How do we develop a system for quickly interpreting the impact of consumer misconceptions on health?

Answer. It would be more fruitful to gather information on (a) consumer problems (b) areas of misconceptions, (c) areas of total lack of knowledge and (d) correct knowledge than simply concentrating on misconceptions alone. It would also be necessary to get some index of whether or not consumers practice or act on their knowledge and attitudes. One way is by what people say they will do. Another is by sales, changes in consumption, etc.

As a matter of fact, it is entirely possible that it was not medical advances in treatment of hypertension etc. but also altered consumer behavior with respect to diet, smoking babits, taking of anti-hypertensive medications, etc, which altered (decreased) the death rates from atherosclerosis from 1968 onward. So we need to measure positives as well as negatives in terms of health related behaviors.

The state of the art with respect to the reporting of mortality statistics obviously needs to be improved. And morbidity reporting systems, such as cancer registries, also need a great deal of attention. "Softer" signs such as risk indicators are as yet almost unexplored, although the National Health Survey and some of the very limited efforts of the Center for Disease control with respect to Nutrition Surveillance at least represent a start in the right direction.

Question c. Is there a model strategy or model delivery system for copying with changing consumer misconceptions, or must such mechanisms be developed anew for each unique misconception?

Answer. Insofar as groups at risk vary, I would suspect that the delivery system would vary. For example, if one finds that Puerto Rican slum children living in lead contaminated buildings have high blood lead levels because parents do not realize pica for paint is dangerous in such an environment, one might use radio spots in Spanish. But if one found that people who used large doses of bone meal supplements bought in health food stores were getting high blood lead levels, there would be other more effective ways of reaching them (including seizure of the product, perhaps).

Question 3. How do we sort through the problem arising from the fact that the things nutritionists feel are top priority are different from the food issues consumers feel are of top priority?

Certainly you get absolutely nowhere by ignoring the things consumers think are important. Politicians know this instinctively but scientists sometimes suffer under the delusion that they alone can determine "truth". And indeed the very issues like protein which today some scientists feel consumers overemphasize were the very things they were busy telling consumers were important two or three decades ago. For example, hyperprotein consciousness may have arisen from all the flurry during World War II about it, and more recently, all of the nutritionists' talk about the protein gap. So the first thing is for scientists to get off their high horse about "knowing better" and to realize that while they may be more up to date or be more aware of the present health dimensions of issues, this does not mean necessarily that consumers have misconceptions. Rather, they may have outdated conceptions which need to be brought up to date.

One should therefore speak to the current concerns of consumers and bring them up to date while sandwiching in the newer data. For example, on the protein issue, the newer data suggests that animal tissue iron is much better absorbed than plant, so the lead-in is easy. Then one can go on and talk about the problems. In a sense the educator must learn to "market" these concepts acceptably.

It is our great shame as nutrition educators (be we from the private, public or voluntary sectors) that we have not given people either the information about food we wanted them to know to make their decisions. To those of us in the health area, our first job is to sort out the problems cnsumers are having related to health and then to find out what information they lack or misconceptions they have. We have not looked at the problems very realistically. Two wide spread health related problems, for example, are energy excess and iron paucity. Yet even today with nutrient labeling only very few products are labeled for either of these nutrients. Universal labeling is badly needed. If we leaf through consumer survey data available today we see many other types of information consumers seem to want to know about. Only some of these are likely to be important to know from the standpoint of human health and prevention of disease. But if we look at nutrient labels today which were designed by nutrition scientists from the same standpoint, some of the items labeled are more vital from the informational standpoint in fulfilling nutrient needs than are others. For example, discrepancies are common with respect to energy and iron intakes in dietary surveys, and clinical alterations in nutritional status among many subgroups in the population are evident so these are important on labels. Very few people have clinical evidence of beri beri from too little thiamine yet thiamine is given equal space on labels.

If we look at nutrient labels today, it is hard not to say that some of the things we felt were top priority to get on labels 6 years ago (such as thiamine) are really not very important from the standpoint of human health. Therefore, since we've had our day, why should we begrudge consumers insistence on revelation of artificial colors which may prove to be equally irrelevant from the health standpoint? Rather, we need to think through carefully, the reasons for their concern and to do better in explaining the problems.

Conclusion

Consumer demand for nutrition education is high. What we have today is ineffective. High priority should be given to a campaign to inform people more fully about food, nutrition, and health.

Mr. Chairman, I am enclosing three articles which speak in less general terms to specific nutrition concerns bothering consumers, which you may wish to insert in the record as an appendix to my testimony.

[The above referred to material is held in the subcommittee file.]

Mr. RICHMOND. Our next witness is Mr. Robert Choate. He is one of the leading and most knowledgeable advocates on the effect of advertising on children.

Mr. Choate, we welcome you here. We thank you for your presentation.

Mr. PANETTA. I might comment that it was almost 6 or 7 years ago when Mr. Choate first testified about children's cereals, that national attention was drawn to the whole issue of nutrition and what needed to be done. His testimony was very much a stimulus to the creation of the Nutrition Committee.

So, it is a pleasure to have him here this morning.

STATEMENT OF ROBERT CHOATE, PRESIDENT, COUNCIL ON CHILDREN, MEDIA AND MERCHANDISING

Mr. CHOATE. Mr. Chairman, I thank you for your opening remarks and of those from Congressman Panetta.

We did work together about 10 years ago on other issues.

My name is Robert Choate. I am president of the Council on Children, Media, and Merchandising, a nonprofit organization with offices in Washington. We attempt to analyze children's rights in the marketplace and to insure that the private sector—sponsors, advertisers, broadcasters, and trade organizations—as well as various agencies of the Federal Government—the Food and Drug Administration, the Federal Trade Commission, the Federal Communications Commission—give proper attention to a child's rights in commerce.

We appear here in response to the chairman's request. For this testimony, we draw upon previous publications and our 1976 Federal Trade Commission rulemaking testimony.

I have submitted a document of some perhaps 20 pages. I will not read it. I will skip through it and try to keep you current as to where I am while I underscore certain issues.

Mr. RICHMOND. Without objection, we will include the entire document in our record.

[The prepared statement of Mr. Choate appears on p. 59.]

Mr. CHOATE. Thank you.

I have also brought today two short movie reels for you to see, one which typifies the types of edible product advertised for children to see on television and the other one which represents the talents of those who would like to use the same medium to educate children along nutritional lines.

The typical child watches 23½ hours of television each week. Ninety percent of the television watched by those under 12 occurs in late afternoon and early evening, 7 days a week. Only 10 percent of children's watching time is allocated to Saturday or Sunday mornings.

The poor watch television more than the rich and give it a greater degree of credibility.

While the printed media plays a role in the commercial solicitation of the child, television has become the primary medium for commercial communication.

Exhibit 1, the paper we have distributed to you, is an advertisement taken out of Advertising Age magazine on June 27, 1977, showing that Boys Life, the Boy Scouts of America magazine, "reaches 4 million big appetites every month." In that advertisement Boys Life magazine says:

> This year Boys Life readers will personally spend $435 million for cookies, candy, and gum; help out their Moms with $609 in grocery shopping; and directly influence the spending of billions on family grocery products, like cereals, soft drinks, and desserts.

This is a boast by the Boy Scouts of America in their magazine as to how they can help children's diets.

Children do view, however, many advertisements for edibles and beverages through the medium of television. Their viewing occurs during all days, all hours of the day and evening, during summertime and during school hours for school age children the remainder of the year.

A. C. Nielsen Co. provided Senator Moss with a breakdown in 1975 of the most popular programs with children. The Nielson figures showed that the six largest child audiences were on weekday evenings, 12 of the top 15 child-drawing programs occurred during the evening. Weekend morning programs generally drew a younger child audience almost without exception, and children were a majority of the audience only on weekend mornings.

CBS confirmed these figures.

On page 5 of my testimony I gave a cumulative report on the types of advertising of edible products that get on the air. This was developed for a previous hearing and the figures are from the first 9 months of 1975 .They are only network figures. These are the three networks combined for 9 months.

In those 9 months cereals were advertised 8,166 times. Candy and gum was advertised 4,083; shortening and oils 3,208; cookies and crackers, 2,129; desserts, 1,733. Vegetables were way down the list at 571; and cheeses were at 320.

Then we started to analyze the weekend television advertising of edible products, those advertisements that the younger children would be more likely to see.

In that list we show that in 9 months on the three networks the cereals were advertised 3,832 times, candy and gum, 1,627; cookies and crackers, 841; noncarbonated fruit drinks, 582; vegetables, once; milk, butter, and eggs, zero; and vegetable juices, zero.

I think it gives you an indication of the imbalance that occurs over television as we advertise edible products.

Presweetened cereals are advertised and those with the highest sucrose content—between 37.8 percent and 55.1 percent frequently have high advertising budgets; vegetables and cheeses are virtually ignored.

Another way to look at edible product advertising is to look to the fast food chains and how they advertise to children. McDonald's, for instance, in 1976, on their weekend advertising, had 398 commercials out of a total of 812. These are 9-month totals.

In other words, 398 of their ads were aimed at primarily child audiences.

The combined budget of McDonalds—the national advertising as well as the spot advertising—shows that they spent $55.3 million for spot and $36.9 million for network advertising, making McDonald's one of the heaviest and most frequent advertisers voicing messages to young children.

Ronald McDonald is now said to rival Santa Claus in children's identification tests.

We show on page 7 of our written testimony the budgets among the top food companies. You notice the preponderance of the money spent on spot TV and network TV.

General Foods spent $225 million in this year, which was 1976; General Mills spent $119 million; and Ralston-Purina, $85 million; and McDonald's, $82 million.

It is also interesting to note that amongst these major food companies, those who manufacturer good products as well as questionable products, quite often aim the good products to adults and the lesser products to children.

The testimony that Mr. Panetta was referring to back in 1970 was on precisely this point, that the better foods are advertised to adults and the lesser foods to children.

In a limited study of such practices, we noted General Foods' Tang was advertised 24 times on Saturday mornings, and once each on Sunday and Monday evenings. Three Hershey products, Food Candy Bars, Kit Kat, and Reese Peanut Butter Cups were advertised exclusively on Saturday morning. Nothing appeared in the evening periods of these products.

Nabisco aired its Cream of Wheat once during the Monday evenings, but 16 commercials for their Chips Ahoy, 12 for their Fig Newtons and 16 for their Oreo cookies were to be seen on Saturday morning.

In short, the major food manufacturers often sell their less nutritious products to the youngest audiences.

Kraft advertising patterns were such that 55 percent of the Kraft food candy commercials showed up when children were a big factor in the audience, but only 7 percent of their cheese ads would have been seen by children.

I have here a short 4-minute reel of typical commercials that have been on the air. The first three are out-of-date. I think they came off the air about 2 or 3 years ago. The other ones are on the air this fall.

With your permission, I will turn on the projector and show them. We submit their story-bands. [Movie shown.]

Those are commercials that have been seen by lots of children over this country in the last 2 years.

In the Federal Trade Commission hearings, Mr. Chairman, of 1976 and 1977, the FTC found a great deal of behavioral evidence that children were influenced by such advertisements. I think it is safe to say that the food industry seeks to influence children with its food advertisements. They are affected.

The FTC hearings also produced a great deal of other comments on children and food advertisements. It pleases me to tell you, Mr. Chairman, that the Select Committee on Nutrition and Human Needs has just published a document which we wrote as a result of the FTC hearings entitled, "Edible TV: Your Child and Food Commercials." It is available now from the Government Printing Office.

It is fairly obvious that the food industry has made an absolutely minimal effort to educate the children through their own advertisements. Concern for children's attitudes was reflected on Capitol Hill hearings when ex-Assistant Secretary of Health, Education, and Welfare, Dr. Ted Cooper, said recently:

> Since food patterns are established in infancy, parents and other caretakers of infants and other children must play a strong role in determining the nutritional health of children. Emphasis should be given to helping parents understand the nutrition needs of children and how best to meet them, while at the same time developing sound food habits.

Later he went on to say:

> Obesity constitutes a very serious public health in the underprivileged and economically disadvantaged. I know of no condition where the elimination of obesity would not be a beneficial public health effort.

When queried by Senator McGovern, Secretary Cooper replied, "My first advice would be to eat less, and as a second priority, reduce our preoccupation with sweet things."

Dr. Beverly Winicoff assistant director of the health sciences at the Rockefeller Foundation, in those hearings, said: "We must first learn that more and better do not necessarily proceed hand-in-hand." She then followed it with: "It is clear that children who become fat have much more likelihood of being fat adults."

Dr. Phillip Lee, who had been a previous Secretary of Health said:

> We get virtually all of our nutrition education through commercials in a food-for-profit industry and that does not provide us with the information people need to make informed choices about a health-promoting diet.

Senator Percy added:

> I think your last sentence really in a sense summarizes the whole intent and purpose of this committee. We have tried to provide a forum through public hearings in the U.S. Senate to provide the technical guidance and advice that the public needs to offset the day-to-day pounding and drumming of commercials that condition us from as early as 2 or 3 years of age to eat what we are told to eat, whether it is good for us or not.

Senator Hubert Humphrey concluded with:

> Kids of the media, that is the way you get through. Adults have already made up their minds. Most of them are hopeless by the time they get beyond 2 years of age.

He was advocating that television be used to get nutrition education to children.

For those who would claim it is the parent's responsibility to nutritionally educate the child, Dr. R. Lehmann, at Columbia University, did a deep survey and came up with tables showing who is of influence in our society on young people as they form opinions about food.

In only about 12 percent of the cases was mother cited as being of quite a bit of influence and only 10 percent cited TV ads.

The Office of Education and the Food and Drug Administration have surveys showing the large number of functional illiterates in the United States who may be in the same nutritional jeopardy as children. They cannot read labels. They cannot get the nutritional information out of the handbooks that are so widely spread by Government and by industry in effect, are very, very vulnerable to off-air ads.

Now let me show you, what one could do with 30 and 60 second public service announcements if we did have the time on the airwaves. These public service announcements have been prepared by nonprofit organizations; the only trouble is when we send them to broadcasters, we have absolutely no guarantee that they will be shown, or they may be aired when a baseball game is rained out or at one o'clock in the morning. There is no rule for public service announcements on the public airwaves. [Movie shown.]

I will stop there.

In summary, Mr. Chairman, our estimates show that children, particularly young children, potentially are exposed to from 8,500 to 13,000 commercials for edibles in a typical year. These may be for only 80 to 90 products representing less than 10 product categories. Hence, there is a tremendous amount of repetition.

Instead of going with public service announcements like these that I have shown, which might get on the air once or twice a day at best, there should be a way to include within those commercials a nutrition education message; then we think the heavy repetition that comes with advertising to children would quickly educate them to have some basic concepts about food.

Most of us remember from childhood: "Thirty days hath September, April, June and November," and we remember the unfortunately mis-stated: "An apple a day keeps the doctor away."

If we could have slogans like that which could give us the ABC's of nutrition as we go through life, we think children would be able to start sensible food practices right from the beginning.

We have tried to figure out a means by which commercial advertisements for edible products could include some sort of a graphic symbol which would show the relative nutritional worth of the food.

We gave testimony to this point to the Federal Trade Commission last year. Let me sum it up in two paragraphs.

We hired a team of behavioral scientists at UCLA to work with some commercial artists to see what children thought was an attractive way to talk about nutrition. They were children of California. The group we happened to select may have had space age concepts.

But the children came up with a robot-like figure which they thought they would be intrigued to see in the corner of a television food ad in the last 5 seconds that it was on the air.

We did a number of really well-designed scientific tests with this robot.

Dr. Seymour Feshback and Dr. Norma Feshback found that children even as young as 5——

Mr. RICHMOND. Mr. Choate, we appreciate your testimony, but we would like for you to summarize your comments.

Mr. CHOATE. Certainly.

We found out that the children could comprehend nutrition information when they saw a graphic flashed for 5 seconds in the last 5 seconds of a food commercial. We have found that there is similar research going on in Canada under Dr. Campbell. There is similar research going on in Peru under Dr. Bacigalupo. There has been the previously mentioned Dutch nutrition education symbol, which is being tried out in supermarkets.

I think it is high time the Government started to spend some money in nutritional education that can fit within food commercials and be replicated in the schools.

Thank you very much.

Mr. RICHMOND. We thank you, Mr. Choate.

Are there any questions?

If not, we thank you very much for your most informative presentation and particularly those films.

[The prepared statement of Mr. Choate follows:]

TESTIMONY BEFORE THE SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER RELATIONS, AND NUTRITION
COMMITTEE ON AGRICULTURE
U.S. HOUSE OF REPRESENTATIVES

SEPTEMBER 27, 1977

My name is Robert Choate. I am President of the Council on Children, Media and Merchandising, a non-profit organization with offices in Washington, D.C., at 1346 Connecticut Avenue. We attempt to analyze children's rights in the marketplace and to ensure that the private sector--sponsors, advertisers, broadcasters and trade organizations--as well as various agencies of the federal government--the Food and Drug Administration, the Federal Trade Commission, the Federal Communications Commission--give proper attention to a child's rights in commerce. We appear here in response to the Chairman's request. For this testimony, we draw upon previous publications and our 1976 FTC Rulemaking testimony.

Children are involved in commerce in a major way in the United States. After World War II, television promoters sought to expand sales of TV sets and thereby gain opportunities for advertisers; as a result, the broadcast world sought out young audiences as well as old. Beginning in 1960 with the first large Mattel commitment, sponsors discovered that products could be sold directly to children as well as through children. By 1970, there were two major divisions of television involving the child in commerce: the Saturday/Sunday morning programs which primarily advertise food, toys, and some sports equipment; the late afternoon and early evening periods seven days a week when audiences often include seven and eight million children, and sometimes reach 15 million.

The typical child watches 23 1/2 hours of television each week.[1] 90 percent of the television watched by those under 12 occurs in late afternoon and early evening, seven days a week. Only 10 percent of children's watching time is allocated to Saturday or Sunday morninge. The poor watch television more than the rich, and give it a greater degree of credibility.

A moderate TV-watching child today potentially is exposed to over 21,300 commercials each year.* Between 8500 and 13,000 of these will be for food items and beverages. Between 800 and 1000 will be for over-the-counter drugs. Toy advertising picks up in October and peaks just prior to Christmas. Advertising of items of potential interest to children occurs all day long, every day of the year.

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*Of the estimated 23 1/2 hours weekly TV watching, assume:

			30 sec. ads
4 hours is PBS	= 0	= 0	
4 hours is S/S am (9-1/2 mins/hr)	= 4 x 19	= 76	
8 hours is weekday pm (12 min/hr)	= 8 x 24	= 192	
7 1/2 hours is evening (9-1/2 mins/hr)	= 7.5 x 19	= 142	
		410	ads/week
		x52	
		21,320	ads/year

While the print media (newspapers, handbills, magazines, and comic books) play a role in the commercial solicitation of the child, television has become the primary medium for commercial communication. Non-commercial television programs, principally Sesame Street and The Electric Company, attract certain age/maturity groups for short periods. But the Nielsen/Arbitron ratings show overwhelmingly that commercial TV has vastly larger audiences.

Commercial communication to children takes at least four forms: intentional, general, peripheral and inadvertent. We define intentional advertising as that for a product developed for a child using phraseology to appeal to a child for retail sales to children perhaps through a parent. General advertising includes messages for all ages for products that may appeal to all ages and thus be bought by all ages; the child is considered only one of many potential customers. Peripheral advertising is defined as messages for products customarily used by adults but the messages are placed on programs watched by many children as well as adults; the children, it is thought, will repeat the name, the jingle, the message to an adult and thus reinforce whatever impact the message may have on nearby adults. The purchaser will probably be an adult. Inadvertent advertising occurs when an adult product is advocated in an adult manner to an audience that is not considered to have child members; it probably results from apathy, or intentional dismissal of the idea of a child as a viewer or consumer.

Children do view many advertisements for edibles and beverages through the medium of television. Their viewing occurs during all days, all hours of the day and evening, during summertime and during non-school hours for school age children the remainder of the year. A.C. Nielsen Company provided Senator Frank Moss with the names of the top 50 programs having substantial child audiences in the Fall of 1975. The six largest child audiences were on weekday evenings. Twelve of the top fifteen child-drawing programs occurred during the evening. Weekend morning advertising generally drew a younger child audience; almost without exception, children were a majority of the audience only on weekend mornings. CBS confirmed this in an internal memorandum dated December 4, 1974.

Broadcast Advertiser Reports (BAR) keep a weekly computerized record of the placement of advertisements on television. Their cumulative reports, called Barcumes, sum up the exposure given different products. Their quarterly reports keep a cumulative record over the full year. For convenience we used the gross figures for weekend daytime. While BAR also has access to local or spot data, we use only network reports here. To illustrate how conservative this is, we urge study of network vs. spot dollars in Table 4. If both types are added together, almost every one of the figures in Tables 1, 2, and 3 would increase dramatically.

TABLE 1

	3 Network Commercial Totals*	
Cereals	8166	
Candy & Gum	4083	
Shortening and Oils	3208	1975 First nine month totals
Cookies and Crackers	2129	
Desserts	1733	
Non-carbonated soft drinks	1637	
Carbonated soft drinks	1367	
Meats, Poultry	1328	
Macaroni/Spaghetti	1031	
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Vegetables	571	
Citrus	311	
Cheese	320	

Then we showed the products most heavily advertised during the daytime on weekends, when the percentage of young children in the audience is the highest:

TABLE 2

Cereals	3832**	
Candy, and Gum	1627	
Cookies and Crackers	841	
Non-carbonated fruit drinks	582	
Macaroni, spaghetti, etc.	208	
Cakes, pies, pastry	104	1975 First nine months totals
Desserts	80	
Citrus	78	
Carbonated soft drinks	63	
Ice cream	53	
Soups	43	
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Meats/poultry	2	
Vegetables	1	
Cheese	1	
Milk, butter, eggs	0	
Vegetable juices	0	

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*For comparison purposes, 12 month figures were: Cereals 10,975, and Candy and Gum, 5,558.

**For comparison purposes 12 month figures were: Cereals 4,821, and Candy and Gum 2176.

In April 1975, in a paper delivered before the American Chemical Society,[2] I revealed the different emphasis given certain classes of food over the first nine months of 1975. We chose the nine-month period to avoid the fall football advertising. We used Barcumes to show total network advertising patterns and 39 Saturday/Sunday daytime patterns.

Notice that of all the foods advertised over television in the United States, cereals lead every other category by an almost 2:1 ratio. In food advertising before the youngest child audiences, cereals dominate to an even greater degree. Sweet foods predominate in the top seven classes in both audience analyses. Presweetened cereals themselves dominate, for those with the highest sucrose content--between 37.8 and 55.1 percent--frequently have high advertising budgets. Vegetables and cheeses are virtually ignored.

Fast food restaurants also advertise heavily to children. Table 3 shows the network 9-month advertising patterns of three major chains, with delineation of the commercials aired on weekend daytime.

TABLE 3

1976

	Weekend Daytime Commercials		9 Month Total Commercials
McDonalds	398	out of	812
Burger King	274		480
Kentucky Fried Chicken	110		557

Of particular interest is McDonalds. Local franchise holders sponsor local spot advertisements while the parent company sponsors network commercials. The combined 1975 budgets--$55.3 million for spot and $36.9 million for network--make McDonalds one of the heaviest and most frequent advertisers voicing messages to young children. Ronald McDonald is now said to rival Santa Claus in children's identification tests.

Since children feel some influence from advertising in all media, we have drawn some advertising budget estimates from Advertising Age (August 29, 1977). In their analysis of the 100 leaders' media expenditures in 1976, they list the major food companies. Note the emphasis on television.

TABLE 4

AD RANK	COMPANY	TOTAL	% of Total Dollars							
			Newspapers	Gen'l Mags.	Farm Pub.	Spot TV	Net TV	Spot Radio	Net Radio	Outdoor
3	General Foods Corp.	338,186.6	3.6	9.1	—	29.5	57.3	0.4	0.1	—
9	General Mills Inc.	117,904.6	3.3	9.3	—	32.9	49.5	4.0	0.1	—
15	Ralston Purina Co.	85,390.9	5.1	7.4	0.6	19.0	64.0	3.1	—	0.7
17	McDonald's Corp.	82,735.3	—	0.3	—	57.4	39.1	1.3	0.3	1.6
18	Nabisco, Inc.	77,316.8	3.9	5.3	—	18.7	71.8	0.1	0.1	0.1
25	Kraft Inc.	61,905.9	5.2	15.6	—	44.8	28.9	2.6	2.2	1.4
27	Nestle Co.	58,465.8	14.1	3.9	—	26.1	54.9	1.0	—	—
28	Kellogg Co.	54,342.5	8.8	3.1	—	27.8	59.6	1.2	0.4	—
29	Pillsbury Co.	53,377.5	4.3	7.3	—	16.6	68.5	2.8	0.1	0.3
31	Norton Simon Inc.	50,718.8	7.5	23.8	—	27.6	38.3	1.1	—	3.6
32	Campbell Soup Co.	49,187.8	9.8	7.7	—	36.2	39.6	7.4	1.0	0.1
41	Borden Inc.	43,488.8	7.8	9.9	0.2	36.9	36.3	6.1	1.9	0.8
56	CPC International	34,528.6	1.8	11.2	0.7	46.6	37.3	2.6	—	0.6
58	Quaker Oats Co.	32,282.3	11.2	12.9	—	34.6	40.9	0.4	—	—
62	Carnation Co.	31,769.3	3.5	1.6	0.4	29.9	61.4	1.2	—	—
71	H. J. Heinz Co.	26,936.2	7.6	2.1	—	41.5	48.4	0.3	—	0.1
73	Standard Brands Inc.	26,435.3	9.8	11.6	—	34.8	33.4	1.2	6.7	3.3
80	Beatrice Foods Co.	22,573.7	12.9	8.1	3.0	61.5	10.1	3.4	0.9	0.1
90	Consolidated Foods Corp.	20,088.8	8.8	7.3	—	61.5	16.7	4.8	0.3	1.5

-Advertising Age, 8/29/77

To study who advertises selectively to whom, we have made an analysis of patterns of advertising. We c[illegible]hree sample periods during the Fall 1975 quarter for this analysis: we analyzed 13 Saturdays, 9:30-11:30 am; 13 Sunday evenings from 7:00-9:00 pm; and 13 Monday nights from 9:00-11:00 pm. On Saturdays, we expected children to be a majority of the audience; on Sunday evenings they would be less than a majority but still a significant part of the audience; on Monday nights adults would predominate. During all three periods some adults and some children would be in the audience. Among the sample findings:

> General Food's Tang was advertised 24 times on Saturday mornings to once each for Sunday and Monday evenings;
>
> Three Hershey products, Food Candy Bar, Kit-Kat, and Reese's Peanut Butter Cup, were advertised exclusively on Saturday morning; nothing appeared in the evening periods for these products;
>
> Kellogg Pop-Tarts appeared ten times on Saturday mornings, but not on the evening shows;
>
> Nabisco aired its Cream of Wheat once during the Monday evenings; but 16 commercials for Chips Ahoy, 12 for Fig Newtons, and 16 for Oreo cookies were to be seen on Saturday mornings;
>
> Nestle, which owns Libby, advertised its fruits and vegetables during adult-watched daytime soap operas and game shows but concentrated its candy advertisements for Choc-O-Lite Bar, Bar Crunch, Quick and $100,000 Candy Bar on Saturday morning with 12 to 21 commercials for each during this one quarter;
>
> Quaker Oats used 58 commercials to stress Captain Crunch Punch Crunch on Saturday mornings in one quarter, but advertised its vastly superior cereal, Life, once, and that on a Monday night;

> Ralston Purina advertised its Chiclets gum on Saturdays, but slotted its Trident sugarless gum to soap operas and game shows;
>
> Kraft's advertising pattern was such that 55% of their Kraft Food Candy commercials showed up when children were a big factor in the audience, but only 7% of their cheese ads would have been seen by children;
>
> Ralston Purina aims many of its pet food ads to children, though not on Saturday mornings.

We have no reason to believe that these patterns of advertising have changed; certainly no new regulations have been promulgated which would affect them.

Dr. Charles Atkin, Dr. Scott Ward and Dr. Robert Liebert and R. Poulos have excellent published studies on children's perceptions of advertising.[3] While they observe different reactions they all found reactions; children respond to television advertisements. Dr. Joann Galst had further supportive evidence for the FTC hearings; she showed that children's responses to food advertisements impact on parents as the children try to influence food purchases. Others have confirmed this.

Thus, I think it safe to say: The food industry seeks to influence children with its food advertisements, and they are affected. Children communicate their food desires and influence food selections as a result. By aiming certain products of dubious nutritional worth without nutritional information at young audiences, food companies seem to take advantage of their nutritional naivete; the lack of nutritional information--including calories--in their advertisements compounds children's vulnerabilities. This is an unfair practice.

During its hearings on food and nutrition advertising, the Federal Trade Commission heard a number of witnesses comment on the nutritional vulnerability of children. Obesity, early developed fat cells, and even cholesterol concerns were aired. Certain ethnic and disadvantaged groups were cited as having particular vulnerabilities. The dental health of children has long been of concern to the committees on Capitol Hill interested in food. Dr. Abraham Nizel of the Tufts Medical Center in Boston has frequently testified on the vulnerability of children to sucrose-laden products, particularly those with a sticky matrix.

Non-medical and business people have taken cognizance of the public's vulnerability. For example, the Heinz Corporation's Board Chairman Henry J. Heinz II voiced his concerns in 1974. In a contribution to Impact of Science on Society, he wrote:[4]

> We are a nation of nutritional illiterates. Despite a wealth of scientific knowledge of nutrition, too many of us do not know what a balanced diet is, and are ignorant of the essential nutrients we need and the foods that contain them. We have an abundant food supply yet our eating habits are deteriorating. And it is not just the poor who are affected, though lower-income families undoubtedly fare less well nutritionally than the average.

A 1965 USDA study gives support for Mr. Heinz's statement. In comparisons of nutrient shortages in the diet of the U.S. population, the USDA discussed Family Income vs. Percent Deficient Nutrients:[5]

TABLE 5

FAMILIES SHORT 4 OR MORE NUTRIENTS, IN RELATION TO FULL NRC STANDARDS

Family Income	% Deficient
Under $3,000	21%
$3,000 to $4,999	15
$5,000 to $6,999	16
$7,000 to $9,999	12
$10,000 or over	11

In Heinz's article, the author suggested "the food and beverage industries...should follow policies of scrupulous accuracy in advertising and labeling."[6] Mr. Heinz thus recognized that a large segment of the U.S. population, being at risk, is particularly vulnerable to advertising which does not upgrade diets. We concur. Children are nutritionally vulnerable, particularly poor children.

The Office of Child Development, in a September 1972 paper to the Federal Trade Commission, outlined the steps of cognitive development which might apply to commercials. Since our citizens watch television from the age of one, the OCD, building on Dr. Jean Piaget's findings, believes that:

> The television screen (particularly color TV, since babies are attracted earlier to color than to form) is likely to gain an infant's attention months before they can understand what is going on. This neuro-physiological make-up of human beings, coupled with an early opportunity to watch television, would make it easy for babies to become "addicted" to watching the set until they are old enough to be able to do other things.

The OCD goes on citing Blatt, Spencer and Ward, to say that:

> Children will respond to and remember fragments of information that are often repeated, spoken by real or animated authority figures, or that seem to satisfy an impulsive need. The latter may be an explanation for children's fascination with and recall of food commercials.

This concern for children's attitudes was reflected in Capitol Hill hearings before the Senate Select Committee on Nutrition and Human Needs on June 27, 1976. Dr. Theodore Cooper, Assistant Secretary for Health, Department of HEW, said:

> Since food patterns are established in infancy, parents and other caretakers of infants and young children must play a strong role in determining nutritional health of children. Emphasis should be given to helping parents understand the nutrition needs of children and how best to meet them while, at the same time, developing sound food habits. And there's a real biological basis, I might say parenthetically here, for seeing to it that excesses are not introduced as a feature of the food habit process in the young....

Later he went on to say:

> Obesity constitutes a very serious public health problem in the underprivileged and economically disadvantaged....

And later:

> I know of no condition where the elimination of obesity wouldn't be a beneficial public health effort.

Later, having a discussion with Senator McGovern over the WIC program wherein McGovern asked him for a summary of advice on nutrition, Secretary Cooper replied: "My first advice would be to eat less." As a second priority, he included: "reducing our preoccupation with sweet things...."

Then, Dr. Beverly Winicoff, Assistant Director of Health Sciences at the Rockefeller Foundation, appeared as a witness. She said: "We must first learn that [more] and [better] do not necessarily proceed hand in hand." She followed that with: "....it is clear that children who become fat have much [more] likelihood of being fat adults."

Then, Ex-Secretary of Health, Dr. Phillip Lee, presently Director of Health Policy Programs for the School of Medicine of the University of California in San Francisco, interjected his remarks:

> We get virtually all our nutrition education through commercials in a food-for-profit industry and that does not provide us with the information people need to make informed choices about a health-promoting diet.

Senator Percy added:

> I think your last sentence really in a sense summarizes the whole intent and purpose of this Committee. We have tried to provide a forum through public hearings in the U.S. Senate to provide the technical guidance and advice that the public needs to offset the day-by-day pounding and drumming of commercials that condition us from as early as two or three years of age, to eat what we are told to eat, whether it is good for us or not.

Sometime later, Senator Hubert H. Humphrey was commenting on the usefulness of communicating to entire families through children. He used them in a political sense, he said, with great success and it would probably work on nutrition:

> Kids are the media, that is the way you get through. Adults have already made up their minds, most of them are hopeless by the time they get beyond 21 years of age.

Summing up, it appears the nation's food experts and nutritionally aware Congressional leaders are telling us not to overindulge in the same food areas where television advertising is attempting to expand our consumption.

The conclusion one is forced to reach from a review of the available data, studies of the subject, and testimony previously heard on Capitol Hill is that television advertising of any food, any time, to an audience which includes a large number of children, is understood by children to be a recommendation for that food.

It appears that children will infer from such repeated recommendations that it should be consumed. We contend that the repeated advertising of a food to children under these conditions without factual nutrition information constitutes an unfair and deceptive act.

For those who would proclaim that mothers should protect their children from such practices we refer to the study of Columbia University's Dr. R. Lehmann entitled, "Nutritional Knowledge, Attitudes and Food Consumption Patterns of U.S. Female Heads of Households."[7] He states that, "Nutritional knowledge varies widely across the sample with very few people extremely knowledgeable in an objective sense. Put differently, a substantial fraction of the sample is misinformed about nutrition." In his Table 1, under Section II, Nutritional Information Sources, Dr. Lehmann notes some interesting observations in answer to his question about the relative importance of sources for nutrition information:

	No Answer	None	Very Little	Some	Quite A Bit	A Tremendous Amount	Mean	Rank
Books	3.7	20.6	21.0	35.3	14.9	4.5	2.60	5
Magazines	3.2	8.7	12.6	44.9	26.3	4.4	3.05	3
Labels on the packages food comes in	3.7	5.7	16.5	43.6	26.4	4.0	3.07	2
Your mother	7.3	38.7	16.4	21.8	12.0 ←	3.7	2.20	10
Other family members	6.0	34.7	23.8	26.7	7.2	1.6	2.12	11
Friends	5.5	22.4	26.5	36.8	8.1	0.6	2.34	8
Doctors	5.0	29.6	22.4	28.8	11.2	3.0	2.32	9
TV programs	4.9	19.6	25.0	38.8	10.3	1.4	2.46	7
TV ads	4.8	17.8	27.1	39.1	10.1 ←	1.1	2.47	6
Newspapers	5.2	12.9	20.7	44.1	15.5	1.5	2.71	4
Your own experience	4.1	4.3	6.2	35.4	39.3	10.7	3.48	1
Courses in School	5.4	50.9	9.1	16.1	11.1	7.4	2.10	12

Dr. Lehmann interpreted these results:

> Personal experience is by far the most important source of nutritional information with labels on packages and magazines next most important. The importance of school courses, other family members, doctors, and friends is rated very low. Whether this reflects unavailability or lack of expertise is not clear.

Also, note how few cite television commercials as a source of nutrition information. Note how few cite their mothers.

For those who would proclaim that our schools are providing adequate nutrition information to counteract advertising, we refer to Dr. Lehmann's survey. Note that 60% of the respondents said that they had gained "none" or "very little" of their nutritional information from courses in school. We further cite the following statistics from "A Benchmark Survey of Issues Relating to Food Nutrition and the American Consumer," presented at a Community Nutrition Institute conference this summer:

-94% of respondents agreed that inadequate consumer knowledge is a barrier to our nation's nutritional wellbeing, with 55% indicating insufficient nutrition information as an additional barrier.

-93% of respondents agreed that the government should act on mass media nutrition programs, and 87% agreed similarly to mandatory nutrition education.

The respondents in this survey were nutritionists, nutrition scientists, members of the medical profession, consumer advocates, and other knowledgeable experts in their fields. Their aggregate opinions provide a dismal picture of the results of the schools' nutrition education efforts and an overwhelming mandate for government action. Clearly, present educational programs cannot protect us or our children from food advertising.

One should not think that only children are in need of nutrition information. Surveys of adults by the Office of Education and the Food and Drug Administration reveal that functional illiteracy--which means, among other things, the inability to read labels--may encompass as many as 40 million persons. Even among the label readers, we have a siseable population that has had no training in nutrition. Getting through to this huge population on a matter as basic to human health is obviously the partial responsibility of the Federal Government.

UNDERSTANDING NUTRITIONAL VALUES

The state and federal governments spend millions trying to alert the public about nutrition. Food company materials, some promotional, some education, swamp our schools. Trade organizations, such as the American Dental Association, the Cereal Institute, the National Dairy Council, and the National Canners, have printed educative materials to appeal to children. A recent Library of Congress report lists some 35 organizations publishing such materials. They seem to fail in the face of massive, non-nutritional advertising.

There are few food company executives, like Mr. Heinz, who want "scrupulous accuracy" in food commercials. To them it is akin to killing the goose that laid the golden egg. It need not be. With proper research the food industry could find a means (perhaps graphic) of revealing to children and other poor readers a food's nutritional worth even while advocating the product. Food companies heavily research how to communicate their sales messages.

A similar effort to communicate the nutrition message would yield results.

Resistance to nutritional information in commercials may stem from the belief that the subject is too dull and complicated, or that only one message can be delivered in a good advertisement, or that insufficient time exists within a 30-second commercial. We have learned that food products sold with the assistance of premiums often omit information regarding nutrition. Dr. Charles Atkin pointed out in Chicago:

> A premium offer was contained in one-fourth of the ads [on Saturday morning], generally consuming 10 to 15 seconds of the half-minute message. Premium information tended to displace nutritional information; just 13% of the ads featuring a premium made reference to nutrition, while 42% of food commercials without premium promotion talked of nourishment or vitamins.

Almost half of the communication time is thus not only non-nutritional, but the premium, having no bearing on the product, may detract from the actual food message. In this regard, it is anti-nutritional.

We suggest that premium promotion give way to nutritional promotion. The argument that more than one point cannot be stressed in an advertisement is refuted by a food ad with a premium message. Inescapably, it has two or more messages.

To those who deplore nutritional content in food advertisements because it is too complicated or too dull, we point to present day pet food commercials. They are often loaded with nutritional data. (If pets could understand television, they would have greater access to nutrition information than most of the population.)

In recent years, "eight important vitamins" has become a familiar phrase in cereal advertisements. We have reason to doubt that this phrase really means something to children. Dr. Robert Liebert has shown in other types of advertisements that such secondary communications can confuse or mislead.

Nutrition messages within food commercials then seem possible. The question becomes "How?".

We would like to have children and non-readers learn 4 to 7 basic points about nutrition. The fast learning 4-year-old may learn the four point nutritional message immediately, and may gradually understand the six point message after 200 or more exposures. The slow learning adult may learn the five point nutritional message quickly, and the seven point nutritional message only after multiple exposures. Dr. Atkin, in his Chicago testimony before the Federal Trade Commission, emphasized the care that must be taken with such efforts. Recognizing the repetitive nature of food advertising, he reported that in a multiple sophistication level message, the older children and sharper adult may learn quickly, while the younger and slower learners may absorb the easy parts of the message first, and the more complicated parts later. If we are considering a calorie and nutrient message, this learning capacity must be researched carefully.

Some organizations have tried to use the format of commercials to teach nutrition. Some succeed; some do not. Research on prospective government public service announcements (PSAs) regarding nutrition is imperative. Someone in government should both coordinate the proliferating government PSAs on nutrition, and direct the research on their impact particularly on vulnerable audiences.

In analyzing how to cope with these hurdles, it is important to remember food commercials are highly repetitive. Our estimates show children, particularly young children, potentially are exposed to between 8500 and 13,000 commercials for edibles in a typical year. These may be for only 80 to 90 products, representing less than 10 product categories. Hence the repetition factor is high. Repetitive messages, as pointed out to the FTC in their rulemaking hearing by Drs. Atkin, O'Bryan and Samuel Ball, often become "overlearned messages." They are hard to displace from memory. But if these "overlearned messages" contain the ABCs of nutrition education, they can provide a basis for prudent food selection throughout life. "Thirty days has September, April, June and November," while not a competitive message, is a familiar slogan to most adults, and recalls when one first learned the names of the 30-day months as a child. "An apple a day keeps the doctor away" is another, unfortunately mythical, food remembrance. Many adults today can still sing the jingle which sold Wheaties via Jack Armstrong in the 1930's, or Jello in the 1940's. Such recall could contain nutritional facts.

MERGING WITH INDUSTRY PRACTICES

Sponsors want to sell foods. When they pay $10,000 to $40,000 for 30 seconds on a network, they do not want others usurping portions of their valuable time. We want to reach those with lower reading skills. Graphic designs seem promising.

Graphics can be compatible with commercial messages. Current advertising of toys often contains "disclaimers" perhaps as a result of an NAB effort (although some have rather curious phraseology). A portion of the screen is thus set aside for a consumer-oriented message. Pet food ads often contain detailed identification content using numerical portrayals.

In the field of general communication, a TV program for the deaf in Los Angeles carries a circular inset showing a sign language interpretor while the rest of the picture is on the original personalities. Part of the Republican Convention used a similar technique. Just last week, we saw an advertisement for Ex-Lax with a sign language insert. Industry can meet special needs.

Can advertisers accommodate special conditions for advertising in front of children? They claim to meet the special requirements of the NAB Code for Saturday advertising. They claim to consider the requirements of their OTC drug advertising constraints. They claim to restrain depiction of certain horror, sex or violence scenes as required by the Family Hour. There is ample evidence that broadcasters and their advertisers could conform to special constraints, particularly when children are involved. No First

Amendment violations are claimed as these standards continue. Advertisers in front of children do and can continue to accommodate special conditions in their advertisements.

OTHER BENEFITS

A comment on the tangential benefits of nutrition communication to children: if graphics are to be used, those with impaired hearing would gain. They cannot hear an audio description.

We also believe that some families in a bilingual situation would benefit. One sees many graphic signs in the nation's Southwest and in Florida designed to help the Spanish-speaking. Certainly the European system of graphic traffic signs works across language barriers. Why not a similar effort transmitting nutrition information across communication barriers?

In 1976, we commissioned a team of behavioral scientists and artists to tackle this issue. Working with children in open and clinical settings, Drs. Seymour and Norma Feshbach of UCLA found that children as young as five could understand the relative nutritional worth of a food after seeing a graphic "robot" for only five seconds. This original research needs expansion and refinement. The five second limitation was put on the Feshbach study because we wanted a graphic that could be inserted in the last five seconds of a televised food advertisement. It did work. (For more information, see the testimony of R. B. Choate, FTC Food/Nutrition Advertising Rulemaking Hearing, October 1976.) Reproductions of the graphic "robot" are attached to this testimony.

Since that research was initiated, we have found that several others are working on nutritional graphics. Canadian researchers have produced a design. Utah State's R. Gaurth Hansen has a design. A Dutch supermarket chain has a design. Peru's energetic Dr. Tony Bacigalupo has a humanoid design. There may be others in the research phase.

We urge this committee to recognize the importance of this work. A graphic to explain food to children is one thing. If one could develop a graphic of international applicability, that would communicate nutrition information across national boundaries and languages, the world would benefit. Since a large part of radio and television food advertising is sponsored by transnational companies, the development of an international language for nutrition would seem the very least of such a company's responsibilities.

To give nutrition education the dissemination it deserves, I believe that every food advertisement around the world should include nutrition information, preferably in graphic form. Since we are the world's pantry, particularly when it comes to grains, I think we have a major responsibility to formulate such a nutrition education effort here. That means government programs must be coordinated. All such educational campaigns should consider the child and the illiterate. They must be exportable overseas along with our overseas food shipments. They must be accompanied by a similar graphic effort on the labels of foods, even those foods we manufacture overseas. And they must be reflected in the educational materials given to and sold to our school systems.

In short, we need a government-coordinated program and the full cooperation of the food industry. If this Committee will apply the pressure and sponsor the funds, we can develop a graphically oriented nutrition education program for the label, page and airwaves within three years. Thank you.

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[3] Robert M. Liebert and Rita Poulos, "Unintentional Negative Effects of Food Commercials on Children: A Case Study," MARC, Inc., 1975; Ward, Levinson, and Wackman, "Children's Attention to Television Advertising," in E. A. Rubenstein, G. A. Comstock, and J. P. Murray, eds., *Television and Social Behavior: Volume 4--Television in Day-to-Day Life: Patterns of Use* (Washington, D.C.: Government Printing Office, 1972); Charles K. Atkin, "The Effects of Television Advertising on Children: Summary Abstracts of Eight Research Investigations," 1975.

[4] Henry J. Heinz, II, *Impact of Science on Society*, Vol. XXIV, No. 2 (1974).

[5] USDA Booklet, ARS 62-17, Table 20 (1968).

[6] Ibid.

[7] Ronald H. Lehmann, "Nutritional Knowledge, Attitudes and Food Consumption Patterns of U.S. Female Heads of Households," Research Paper No. 121 for the Food Research Center of Columbia University, 1976.

Mr. RICHMOND. Our next witnesses are a panel. We have Ms. Elizabeth Alston, Ms. Sue Huffman, and Dr. John Quelch.

I do apologize for our lateness, friends, but the testimony this morning has been so interesting and informative that we have fallen somewhat behind in our schedule.

STATEMENT OF ELIZABETH ALSTON, FOOD AND NUTRITION EDITOR, REDBOOK MAGAZINE

My name is Elizabeth Alston. For the last four years I have been food and nutrition editor of Redbook magazine, a magazine which is edited for women 18 to 34. I am here to support a more active role by the federal government in supplying information about food, diet and health to the public and I would like to thank the committee for giving me the opportunity to testify.

Three things are clear:

One: There has never been greater public interest in nutrition, nor greater awareness of the importance of good nutrition to good health. Studies by Redbook magazine among others, have demonstrated clearly that the interest is there.

Two: A hungry public, hungry for usable, accurate nutrition information, is daily bombarded with messages, often conflicting, about the relationship of food to health. Messages about the supposed links between diet and hyperactivity, diet and mental illness, diet and cancer. They hear arguments for and against more fiber in the diet, taking vitamin supplements, avoiding nitrites and nitrates or cholesterol. Yet nothing ever seems settled or accepted by experts and researchers. Along with the government the experts straddle the fence on such questions as the safety of saccharin. One week consumers are told that the American diet is the best in the world, the next, that Americans are overfed and undernourished. They are understandably confused and occasionally wonder if any food is safe to eat.

Three: No single, aggressive, highly visible source of objective and usable information about food, diet and health, exists in this country today. There is a crucial and urgent need for such a source. As far as I can see the federal government is the only possible agent that could seek to fill this great need.

Redbook magazine is edited for the contemporary woman who takes herself, her family, her job, her home and her times seriously and with confidence and commitment. She likes to be heard so when I was asked to give testimony today, I decided to give some of these women a chance to contribute their own thoughts. Here's what I learned from the 30 readers I spoke with:

Few were aware of any ways in which the Federal government provides information about food. Some mentioned food labels and some were aware that many pamphlets are available. A few were aware that material is available, but have no idea how to find it. Those who had received pamphlets from the government complained of a 4 to 5 month lag between the time they wrote for the list, and the time the pamphlets arrived. Three commented on how ugly the pamphlets were, how outdated the information. Two said the material sounded as though it was written in the 30's and did not take into consideration women who work or "the reality of pizza."

When asked where they went for information about food, diet and health, no clearly identifiable resource emerged. Those resources that were mentioned included magazines, unspecified books, doctor, a friend who is a nurse, local health department, yoga books. Mentioned several times as a source for nutrition information were the county extension service and health food stores.

The four food groups emerged as the most commonly used device for planning nutritious meals. Since this concept has been taught in schools and promoted by industry for a number of years, this is hardly surprising. Whether the four food groups concept is worth hanging onto is a question I shall return to later.

Almost everyone said that before buying a new product, they do read both the ingredient listing and the nutrition information on the label --- *when it is there.* They expressed strong feelings that nutrition and ingredient information should be on all food products, including those for which there is a federal "standard," and said it was difficult to use the information properly if it is not on every product. Readers feel they need the information to do a good shopping job in today's complex marketplace, and they feel they have a right to the information, even if they are not always sure how to use it. There is a clear need for a continuing and consistent effort to help people use label information and there should be no expectation that people will be able to use it until it is on all food and beverage products.

When an automobile breaks down, you head for the nearest garage. When you have a legal problem, you call upon a lawyer or the Legal Aid Society. But when a person has a major nutrition problem there is no similar clearly defined source of help. A doctor usually indicates the basic structure of a special diet, but it really is not a doctor's responsibility to translate the prescribed diet into food on the table. This is a job for a food specialist and nutritionist working hand in hand. When asked if they would like to have access to a government nutritionist, to discuss specific nutrition problems, almost all the readers I spoke with said yes. At the moment, unless one is referred to a doctor, to a hospital nutritionist or is aware of other resources such as a local health department or extension agent, there is nowhere to turn. If a right to medical help is a basic human right, surely the right to skilled help with nutrition problems, especially life-affecting ones, is no less of a basic human right.

If the government were to play a more innovative and aggressive role in making nutrition information available to everyone who wants it, where should that information be made available? The readers I talked with felt that the situation is so serious and the need so great, that itervention is necessary at every possible point. They felt that nutrition education should be given from kindergarten up, it should be a basic, not elective course, taught all the way through school, and to boys as well as girls. At registration time parents should be given information that would help them understand and cope with a child's changing nutrition needs. If a school lunch is served, what foods are appropriate for the rest of the day. If lunch is packed, offer information on nutritious foods to pack, and how to pack them so they will be safe to eat.

Nutrition information could also be made available wherever food is sold, in supermarkets, independent groceries. And as so many meals are now eaten away from home, the restaurant business must assume some responsibility and provide appropriate food and enough information to help their customers eat wisely and well.

Perhaps the greatest enthusiasm among the people I talked with came with the idea of being able to find sound nutrition information in supermarkets. Sound, objective information that would help relieve the pain of meal planning, that would help shoppers make wise food choices, store food safely and cook it well.

There are many needs, the most urgent being for a single agency, responsible to Congress, for all aspects relating to food, health and food production. I would like to point out two specific needs I see from my vantage point. One is for people to receive enough specific, impartial information about the issues of the day, such as fiber, cholesterol, additives and saccharin, to enable them to make up their own minds about which foods to eat. This information should emphasize that nutrition research is an ongoing thing and nutrition knowledge constantly being enlarged.

There also is an urgent need for specific help with meal planning. It is useless to say "eat more fruits and vegetables, eat less meat, more fish," and the four food group idea should be scrapped. It is too narrow and can be misleading. On Boston TV program at a time when food prices were skyrocketing, Dr. Jean Mayer, now president of Tufts University, offered several low cost meal ideas using milk foods as the main protein source. A listener called to say "You must be mistaken. Cheese is in the milk group, not the meat group." To quote Dr. Mayer again, the message of the four food groups is that "protein comes from meat, calcium from milk, vitamins and minerals from fruits and vegetables, carbohydrates from starches --- and who needs them." From our work at Redbook developing menus and recipes, I know there are many routes to meeting the U.S. RDA's other than following the basic four. And these other routes generally lead to more interesting recipes and a varied selection of food. And since no food is nutritious unless it is eaten, great emphasis should be put on supplying appealing ideas for preparing and serving it.

(Attachment to Ms. Alston's statement is held in the subcommittee file.)

Mr. McHugh [acting chairman]. Thank you very much, Ms. Alston.

Ms. Huffman?

Sue B. Huffman
Food & Equipment Editor
Ladies' Home Journal
Testimony before the
Subcommittee on Domestic
Marketing, Consumer
Relations, and Nutrition
September 27, 1977

Nutrition is right up there with motherhood, the flag and apple pie. Everybody is FOR nutrition. Not even black hats are anti-nutrition. There's just one problem. Not many people understand it. Nutrition is boring!

Consumers are concerned about nutrition. They are also suspicious, cynical, even scared. They are aware of their need to know - but wish they didn't have to. There's a tendency to yearn for the good old days when - other than a perfunctory knowledge of the basic four food groups - not much thought was given as to what was put in one's mouth except how it tasted.

Those were the days when food was fun. "How can orange juice taste so delicious when it's good for me?" In any battle between nutritious and delicious, it was delicious hands down.

Then came the '60s and the times they were a-changin' - fast! Young people were rebelling against everything big - big business, big government, their parents. Plastic food was unacceptable - as bad as plastic people. They decreed health food to be in - and their parents picked up on it. At least some of it.

Next came the scare headlines, beginning with that famous cranberryless Thanksgiving. One food after another proclaimed dangerous, potentially harmful. And people were looking at the food on their plates with a wary eye.

The diet vogue continued with many women bemoaning that fate had molded them as Reubenesque in a time when thin was in, svelte was sexy. But we began to hear more about sensible dieting for a change, although crash diets still had their fans.

Then came a proliferation of nutrition articles. They were not necessarily read, mind you - but noticed. And maybe - just maybe - they began to penetrate. Next the backlash. Too many government reports scared too many people. If everything is bad for you, how come we're so healthy? So fie on government . . . if everything is bad, maybe nothing is. Next rising prices - causing anger, boycotts, changes in diet. Suddenly it was in to serve meatless meals. And the age of the consumer was upon us.

Thus the youth revolt, scare headlines, dieting changes, nutrition articles and ads, backlash against government agencies and the consumer movement all converged to change consumer thinking about food and nutrition.

So where do we stand now? Semantically, there are heroes. Words like natural, protein, vitamins, minerals, greens, fiber. Enriched and fortified used to be heroes. Now people want to know "enriched with what? fortified with what?" The villains: chemicals, additives, artificial, synthetic, calories, cholesterol, carbohydrates, fat, fried, sugar.

Now they don't know whom or what to believe. When experts can't agree and consumers are being barraged from all sides with information and misinformation, who can blame their confusion? It reigns rampant. What about meat grading? Nobody seems to agree about cholesterol except we seem to get too much of it. Nitrites and nitrates? Necessary to prevent botulism or will they poison us? Saccaharine. Devotees of Tab and Fresca were undone at the prospect of giving up their no-cal beverages and artificially sweetened desserts. And just as we were resigning ourselves to drinking our coffee black since sugar was a no-no and saccharine verboten, we've received a grace period. That's confusing!

Our Ladies' Home Journal director of reader research puts it this way - Consumers are aware of the problems of nutrition similar to the way children are when they are through with reading readiness. They are now ready to learn the elements of nutrition. They know it is necessary to do something. Most people think they do provide well-balanced meals - it's their neighbors who need help. But even now food is not - just as it never has been - nutrition alone. It is roots, conviviality, love, friendship, tradition, reward.

After being asked to testify, we checked letters written to our food department. Amazingly few were concerned with nutrition. Except calories. In January 1976 we began running the calorie count with every recipe. This triggered a big response. We also hear from women with special dietary problems - themselves or family members. The vice president of consumer affairs for one of the major food companies told me even there, nutrition requests are relatively low - basically concerns about special diets, calories and percentage of ingredients, particularly salt.

Consumers do want nutrition labeling and feel it should be required. But they don't actually know what to do with it.

Our magazine interviewed a group of women several years ago who announced they wanted information in food ads. Facts, facts and more facts. Yet when showed two ads - one full of facts and one more graphically attractive but without factual data, which did they prefer? The attractive, non-factual of course. Today people refuse to be bored and will not tolerate boring ads, boring articles, boring TV shows, boring anything. And the fact is - as I've said before - that nutrition is boring. To sell, it must be easy, appealing and - if you'll pardon the expression - sugar-coated. Nutrition must be made palatable.

How are we going to do this? First, start with the young. I received a letter from a nutritionist for head start centers in central Kansas asking for help with ideas in encouraging child nutrition. That woman and thousands like her are hanging in there. Four years ago when my daughter was a first grader in a suburban St. Louis school, she came home with a copy of Mulligan Stew, a nutrition comic book. It's effectiveness may be debated (and obviously has been as I've not been able to learn its current status) but it was a start.

During my newspaper food editor days in St. Louis, I learned early on that nutrition does not have to be boring - that it can be written about interestingly without pontification. A girl scout troop in the city was studying nutrition. As I walked in two green peppers, one whole, one halved, were being passed from girl to girl, handled carefully, then passed on. Various vegetables and fruits were handled thusly, identified, their nutritive values discussed. The grabber here was the girls could not see the produce. They were blind. A great human interest story which just happened to feature nutrition.

An article in the September 1977 issue of the Journal of Home Economics reported on nutrition education in a day care center in Philadelphia where the children are involved with food preparation and setting the table. They eat family style and discuss what they're eating - for example, broccoli. How it grows, where it grows, who grows it, what it does for you. I like that.

At a United Fresh Fruit and Vegetable Seminar in New York two weeks ago Dr. Norge Jerome, Associate Professor University of Kansas Medical Center, touted her theory of individualized dietary eating, equating the modern home to a modern cafeteria. "It's ill-conceived to teach family nutrition patterns when the family rarely eats together," she said. She challenged nutrition educators to help people understand their own personal nutritional requirements.

It is a difficult job we face - educating the consumer about nutrition - we in government, industry, education and the media. You can't force feed the consumer. And my two cents worth of advice is - to reiterate - let's try to make nutrition palatable, make it attractive, don't pontificate and don't be boring. And, maybe best of all, reach 'em young.

Mr. McHugh. Thank you, Ms. Huffman.

Those bells that you heard indicate that we are being called to the floor for a vote.

So we will recess, Mr. Quelch, and then we will take your testimony in a few moments.

Thank you very much for your patience.

[Recess taken.]

Mr. McHugh [acting chairman]. The subcommittee will come to order.

We thank you very much for being patient. I am afraid that we are going to be interrupted from time to time now that the House is in session.

Mr. Quelch, I believe you are next on the witness list. We would be happy to hear from you now.

Communicating Nutrition Information to the Consumer

John A. Quelch

Assistant Professor, School of Business Administration,
University of Western Ontario

Testimony before the

Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition

of the

United States House of Representatives Agriculture Committee

September 27, 1977

In assessing the role of the Federal Government in nutrition education programs, this Subcommittee should take three factors into account.

First, Federal Government involvement in the nutrition information area extends beyond education programs such as extension services and the dissemination of literature. For example, the Government can and does regulate food labeling and food advertising. Government policy on nutrition education programs should, therefore, be developed within the context of an overall nutrition information policy. Similarly, nutrition education programs should be planned in conjunction with health education programs.

Secondly, nutrition education is only one of several intervention strategies by which policy makers can influence the nutritional status of the population. Other approaches include regulation of the substance and quality of the food supply; taxes and subsidies on food products to influence prices and demand; and food-related social interventions such as the school lunch and food stamp programs. Resources should be allocated among these approaches according to their relative effectiveness in achieving a set of nutrition policy objectives. Allocating more funds to nutrition education programs may not constitute the most effective use of limited resources.

Thirdly, among the approaches open to policy makers, the delivery of nutrition information is unique in that the Federal Government does not have a monopoly on action in this area. The quantity and accuracy of information available to consumers from non-Government sources must be considered when the level of Federal Government involvement in nutrition education and the content of education programs is determined. For example, the Government may decide to concentrate its efforts on educating consumers who are not effectively reached by non-Government sources of nutrition information.

The development of a coordinated nutrition education program by the Federal Government will require a seven-stage process. First, consumer research is necessary to establish the levels of consumer exposure to existing sources of nutrition information, and the relationship (if any) between degree of exposure to particular sources and levels of nutrition concern, nutrition knowledge, and nutrition-oriented consumption behavior. In addition, consumer perceptions of the complexity, accuracy, and usefulness of the information available to them should be gathered. The impact on nutritional well-being of alleged misinformation about nutrition should also be assessed. Our current knowledge of the absolute and comparative effectiveness of existing sources of nutrition information, including Federal Government programs, is inadequate.

Secondly, nutrition surveillance data and the results of consumer research can assist policy makers in defining a specific set of nutrition information program objectives. Since evaluative criteria are commonly a reflection of program objectives, specificity is essential. In addition, the objectives of a nutrition information program should mesh with the objectives defined for the other nutrition intervention strategies previously mentioned.

Objectives for information programs are commonly defined in terms of changing the awareness, knowledge and/or behavior of target population(s) within a specified time frame. The third stage in program development involves the identification of target populations, distinguished according to nutritional status, relative nutritional risk, or according to levels of nutrition concern, nutrition knowledge, and nutrition-oriented food consumption behavior.

Fourthly, a consistent message strategy must be designed which addresses the information needs of the target populations. There are different types of nutrition information to be delivered to the consumer - ranging from *general* education information, for example, regarding the importance of good nutrition and the nature and functions of nutrients in the diet, to *specific* information regarding the per serving nutrient content of different products. The utility of each type of information depends upon the existence of the other. The sensible application of nutrition labeling information in food consumption behavior requires that the consumer be educated about the roles which nutrients play in the diet. Similarly, without information on the specific nutrient content of individual food items, no consumer, however motivated, would be able to put nutritional precepts into practice.

The absence of consistency in the nutrition information available to consumers is the result of both scientific uncertainties and the multiplicity of information sources. As a principal source of nutrition information, the Federal Government should aim for consistency of content and format in its nutrition information programs.

Greater consistency can have two beneficial results. Consumer confusion regarding the meaning of "good nutrition" which may sometimes result in disillusion with the concept may be lessened. In addition, greater consistency may result in increased consumer attention to nutrition information messages disseminated by the Federal Government as opposed to possibly less accurate information from other sources.

Within the proviso of overall consistency, it may nevertheless be necessary to develop a distinct message strategy for each target group if program effectiveness is to be maximized. Clearly, because members of one target group may be exposed to messages directed at another group, the messages developed should be consistent with each other.

This need for tailoring applies to the complexity of the message as well as to its content. Consumers in different target groups may differ in their interest in nutrition, and in their mental capacity, and therefore in the complexity of information which they are prepared to pay attention to. In order to reach some target groups, it may be necessary to sacrifice some degree of accuracy and completeness in favor of simplicity.

Fifthly, the vehicle(s) used to communicate the desired messages to the target populations must be selected. The options available to the policy maker are, to some degree, limited by the existence of nutrition information programs already in place.

Further, budgetary constraints must be considered. For example, the cost of prime time television may be such that the affordable number of advertisements would be too few for any campaign to be "heard" above the "noise" of overall television advertising.

Thirdly, the objectives of the information program must be taken into account. Depending upon whether the principal objective of the public policy maker is to increase awareness, improve knowledge or change behavior, a different set of media vehicles may be appropriate. Mass media approaches such as television advertising and the dissemination of nutrition education literature, are, perhaps, more likely to raise public awareness than to stimulate behavioral change. Face-to-face educational programs, such as nutrition extension services, are thought to be more effective in changing behavior - but the number of consumers who can be reached is substantially lower than can be achieved through mass media approaches. No one information vehicle can do everything, but substantial additional impact can often be obtained through simultaneously using several vehicles, capitalizing on the strengths of each.

Finally, the nature of the messages to be delivered to the consumer and the nature of the target groups also determine the appropriate mix of media vehicles. Different vehicles can successfully handle information of varying complexity. For example, more complex information can be transmitted through print media than through electronic media because of the ability of the reader to set the speed at which the information is processed. However, if a particular target group is known to include many semi-literate consumers, printed material is not likely to be as effective as information provided through the spoken word. The size of the target group also bears upon the appropriateness of alternative media. For example, the use of mass media might be less cost efficient than the use of face-to-face contact approaches in reaching a small, dispersed target group.

Sixth, a common set of evaluative criteria reflecting program objectives must be established against which the performance of individual nutrition information delivery approaches, and of any overall Government information program, can be assessed. Performance should be measured in terms of changes in awareness, knowledge, and/or behavior levels within specified time intervals.

Prior to full-scale implementation, the performance of nutrition information programs should be pretested against these evaluative criteria. The pretesting process may suggest the need for adjustments in program design or budgetary allocations.

Once the nutrition information program has been fine-tuned, the seventh stage, full-scale implementation, becomes possible. Provision should be made for a systematic monitoring of program performance so that necessary modifications in the form, content, and budgetary allocation of the program will become evident. Pretesting and monitoring research requires time and resources, but is justifiable in light of the proliferation and cost of Government nutrition information programs.

The involvement of the Federal Government in nutrition education must be determined by a process such as this if program effectiveness is to be maximized. Blindly increasing the funds allocated to nutrition education programs may not be the best approach. Consumer research indicates that increasing the quantity of information may result in information overload, consumer confusion, and poorer decision-making. Increasing attention should, perhaps, be focused on the quality rather than the quantity of nutrition education. Federal Government dollars allocated to nutrition education programs should not be increased simply on the assumption that more information is necessarily better.

Mr. McHugh. Thank you very much, Mr. Queich.

Our thanks go to all of you on the panel. A number of questions have been raised in my mind and in the minds of the staff. Unfortunately, because of time, I think we had better defer our curiosity.

Let me again thank you very much for being with us. Your contribution has certainly been very helpful.

Our next witness is Ms. Nancy Steorts, who is now associated with Nancy Harvey Steorts and Associates.

I believe, if I am not mistaken, that you were formerly with the Department of Agriculture; is that right?

Ms. Steorts. Yes, Mr. Chairman, that is correct.

STATEMENT OF

NANCY HARVEY STEORTS
President, Nancy Harvey Steorts & Associates
Specialists in Consumer Affairs

Formerly Special Assistant to the Secretary of
Agriculture for Consumer Affairs

Before the:
Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition
of the Committee on Agriculture

United States House of Representatives
September 27, 1977

Hearing on The Role of the Federal Government in Nutrition Education

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Mr. Chairman and Members of the Committee: I am Nancy Harvey Steorts, formerly Special Assistant to the Secretary of Agriculture for Consumer Affairs and now President of Nancy Harvey Steorts & Associates - specialists in consumer affairs.

May I commend you for initiating these hearings which focus on nutrition education - a subject which is of growing concern to consumers throughout the country. I am speaking to you today as an individual representing my own viewpoints.

Consumers today are showing a growing concern about nutrition as it relates to their health. But - there are many indications of confusion and at times almost helplessness. Consumers do not know who or what to believe. Consumers are looking for authoritative information from reliable sources. Many consumers have had very little nutrition education.

For some, one seventh grade course in home economics may have been their sole source of basic nutrition education, so you can understand why they are "grasping" for factual, up-to-date information.

Consumers are looking more closely at labels, but for many the label means only more confusion - as a label cannot be expected to provide a 60 second course in nutrition education.

FOOD AS IT RELATES TO HEALTH

The old adage, "You Are What You Eat", is rather evident in a recent U.S. Department of Agriculture survey which shows that there are a large number of people who want to change what they are.

The study shows that there is a large number of people who are worried about dealing with or preventing health problems. Almost two-thirds of the 1,400 people interviewed said that they, or someone in their household, suffered from some type of ailment. High blood pressure, allergies and overweight were mentioned most frequently. (In fact, according to the AMA, about one in five Americans is overweight.) About 60 percent of those with a health problem said they had changed their diet. Both groups appear to be cutting down on items high in saturated fats and oils, replacing them with other products.

Many households are also looking for special information on the labels of food and beverage products to check for the number of calories, the amount of fat, or the presence of sugar. Other types of special information they are looking for include vitamins, minerals and the amount of carbohydrates.

NUTRITION - A NATIONAL PRIORITY

Consumers are looking to government and industry today to help them become more knowledgeable about nutrition and the nutritional quality of the food they are buying.

At the recent Conference on Nutrition and the American Food System, which was sponsored by Family Circle Magazine, Food Marketing Institute and Community Nutrition Institute, Senator Robert Dole stated that "agriculture and nutrition must be brought into closer coordination. Nutrition is likely to be the central consideration in all our food policies in the future", he said. It is most apparent to me that production of agricultural products in the future may be dependent on their nutritional value to the American consumer. Wouldn't it be wonderful to see the supermarket of the future VOID of all the junk, empty-nutrient foods it has today?

In order for that to happen the consumer needs to be educated as to what is the best diet and what are the basic components of nutrition. What may be a good diet for one consumer may be entirely incorrect for another. Consumers want facts not superflous fluff.

NO NATIONAL NUTRITION POLICY

Today there is no national nutrition policy, no long range goals, nor a system of evaluation of nutrition information. There is no coordination of nutrition education efforts. Within the Department of Agriculture, for example, each agency is working in a vacuum. What may be happening in one agency may be relatively unknown to the other agencies.

THE U.S. DEPARTMENT OF AGRICULTURE

Research in the human nutrition area is most important, but it has had little emphasis over the last few years at U.S.D.A. The U.S. Department of Agriculture should be the ultimate authority for nutrition research, but in order to be the ultimate authority, human nutrition must be adequately funded and staffed and have major priorities.

Agriculture Research Service has developed a Nutrient Data bank, which would serve as an overall source for the compilation of nutrition data. Few people and companies know about this source, and some companies have said that it requires an excessive amount of paper-work to supply the data which they have collected. An evaluation of this data collecting base should be initiated - as it could be a very good resource of information if properly administered. Research findings are most important - but the present system of dissemination of this information leaves much to be desired.

The Extension Service of the Department of Agriculture has a network of 4,000 professional home economists working at the grass-roots level. They are represented in every county of the United States. The Extension Home Economists are professionally trained, have the land-grant university for back-up support, and are linked to the Research Experiment Stations. They should be one of the focal points in providing ongoing nutrition education to the grass-roots consumer. If there was a national priority for nutrition education set with clearly defined goals and objectives, proper funding and staffing, and a major program thrust to the urban as well as the rural communities, Extension Service could provide the basic structure and expertise for getting the job done. The structure is in place - there is no need to replace it - just alter it.

RECOMMENDATIONS

I would like to now make the following recommendations to you for your consideration:

1. That the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition of the Committee on Agriculture set up a Congressional Task Force on Nutrition with the major responsibility of determining priorities, evaluating the present nutrition education efforts and making recommendations for accomplishment of short-term and long-term goals and objectives. Membership should include Consumers, Industry Officials, Government Officials, Media, Nutritionists, Educators, Health Officials and Congressional Representatives. The groups should be charged with the responsibility to develop recommendations within six months. This could be an effective adjunct to the efforts of this committee.

2. That the Secretary of Agriculture appoint an Assistant Secretary of Nutrition to coordinate all nutrition efforts at the Department of Agriculture. This should include research, information and education. Nutrition programs should be better coordinated under the direction of one assistant secretary who would bring high-level support to the programs.

3. A Nutrition Library and Clearing House for nutrition education materials should be set up at the federal level. There are many sources of nutrition information today. A systematic, well coordinated clearing house could be most effective and should eliminate much of the present duplication.

4. That the U.S. Department of Agriculture develop a "Nutrition Seal of Approval". This could be awarded for effective public service efforts in the field of nutrition.

COORDINATED EFFORT

It is most important I feel that all components, government, industry and the consumers work together in developing an effective overall nutrition policy. It must be a joint effort. We are in a new era today - an era of good food for good health. We must have nutrition education today. It must be a national priority. It must be available when consumers need it. It must have high visibility - in advertising - at the grocery store - in the welfare office and throughout the media.

Mr. McHugh. Thank you, Ms. Steorts.

Again, I apologize for not taking advantage of your presence for questions, but I am sure you appreciate our time problem.

Our next witness is Mr. Rod Leonard of the Community Nutrition Institute.

STATEMENT OF RODNEY E. LEONARD, EXECUTIVE DIRECTOR, COMMUNITY NUTRITION INSTITUTE

Mr. Chairman, members of the Committee.

I am Rodney E. Leonard, executive director of the Community Nutrition Institute, which is a non-profit organization that advocates the consumer interest in food and farm policy.

I appreciate the opportunity to appear at these hearings, and I wish to particularly commend the efforts of Rep. Fred Richmond, to develop nutrition as a policy issue.

About two years ago Don Paarlberg, then director of farm economics in USDA, addressed himself to the same issue in speaking about the "new farm agenda." Dr. Paarlberg described what is essentially a nutrition policy agenda in mourning the inability of the agriculture establishment to prevent consumer concerns, food program needs, ecology questions, land use issues, civil rights and collective bargaining from being put on the farm policy agenda.

Dr. Paarlberg said the day had passed with the USDA, the farm committees in Congress and the Land Grant schools -- the iron triangle of farm policy -- could determine what was placed on the policy agenda.

Decision making involves a broader group of participants today, not because of the desire of consumers, ecologists, hunger advocates, rural economy advocates to force their way in, but of the increasing awareness that our food system touches all these interests.

Too little has been said about this food system we have created, and the sense of purpose that holds it together -- the sense of mission that it serves.

For better than a century, the goal of the nation was to produce enough food to eat, to end hunger by achieving self sufficiency in food production. Some purists will argue that all we sought to do was to become more efficient producers, but The iron triangle public policy has a social purpose as well as an economic motive. was forged as a set of inter-related institutions to achieve this goal, and this goal became the unifying mission which enabled every botanist or banker to relate to what every agricultural economist or extension agent was doing, and vice versa.

We achieved that goal more than 40 years ago, and assumed that all of the sub-institutions -- ARS, SCS, FES, FCS, ERS, SRS together with the land grant school structures -- could do everything and anything. And we largely missed the point.

We failed to recognize that success inevitably expanded the role and responsibility of the structure. Our farm system is one aspect of a broad and complex food system. The function of the food system is to feed people, and the mission of national policy is to insure adequate nutrition. Nutrition is the unifying concept, and within that framework the Congress and the people must develop farm and food programs.

This concept changes the basis for nutrition education. The traditional approach to nutrition education, and the one which prevades much of educational literature today, emerges from the economic and social warp of a production mission -- i.e., agriculture can produce enough food, which means the role of nutrition education is limited to showing people how to make the best use of it.

Federal Extension Service, for example, will not help a family travel the maze of certification procedures at the county welfare (office) nor will it act to halt the ilegal but common practices which are a barrier to food stamp benefits to many poor families.

The USDA is helpless to respond to the needs of urban families when the supermarket decides to leave the downtown area, taking with it the primary source for plentiful, low-cost food.

Nor can the USDA today cope with the regulatory consequences of technology on our food supply.

Nor does the USDA have an effective means of responding to the income needs of dairy farmers without doing violence to the nutritional needs of consumers.

These gaps and contradictions can be eliminated, however, in a nutrition education program that builds on a nutrition framework -- i.e., on the goal of a food system to feed people, to insure access to adequate nutrition. In this context, nutrition education becomes a tool which enables the food system to modity its institutions to cope with bureaucratic injustice, with the changing economic and cultural structure of the cities, with the impact of technology on our food supply and with the inequities of our price support system.

Nutrition education becomes a process of making our food system work better, combining in the best American tradition a social mission with an economic motive.

I look forward to these and subsequent hearings as an opportunity to identify more areas and issues to explore in this search for a national nutrition policy, and I again commend the committee and its chairman for making this possible.

Mr. McHugh. Thank you very much, Mr. Leonard.

Our next witness is Ms. Barbara Bode, who is with The Children's Foundation.

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BARBARA BODE
President

Testimony of

Barbara Bode, President

The Children's Foundation

before the

House Agriculture Subcommittee

On Domestic Marketing, Consumer Relations and Nutrition

September 27, 1977

Mr. Chairman, I am grateful to you and your colleagues on this committee for the opportunity to come before you today and for focusing public attention upon a critical public need.

In my work with anti-hunger organizations over the past ten years I have come to recognize both the importance of nutrition education as well as the negative connotations that that term carries for poor people. Consequently, I'd like first to discuss the negative implications of nutrition education in many low-income communities, then to note the growing need for responsive nutrition education and, finally, the challenges facing us.

To my mind one of the greatest problems with which this committee must deal is the perception of nutrition education in low-income communities as a code word, as a politician's way of avoiding spending to eliminate the real problems of hunger and maluntrition. This belief has some basis in fact. I'm sure we have all heard complaints that if poor people only knew how to handle their finances properly there would not be as great a need for food assistance programs.

It is reinforced by unfortunate experiences with nutrition education programs. In any number of low-income communities nutrition education has been equated with lectures on how to manage family budgets, what "proper" foods to buy and what recipes are good for you. There is nothing wrong with this assistance but the implication that people are poor because they spend foolishly is not lost on a welfare mother carefully counting pennies and struggling to survive on a subsistence grant. The corollary criticism of her food buying habits and cooking is often construed as criticism of her ethnic food preferences.

Combine these impressions of condescension, whether intended or not, with talk of basic food groups and contradictory messages from television advertisements or the provision of such "wrong" foods as heavily sugar coated cereals in a government sponsored breakfast program and it's no wonder that for many nutrition education has a bad name and unrecognizable goals.

If we can make clear that our goal is improved health and well-being rather than reduced federal spending and tossing out the tortillas or grits, we are on the right track.

In Las Vegas, Nevada, for example, there is a WIC program providing highly nutritious supplemental foods to low-income pregnant and nursing women, their infants and young children. It is called "Operation Life" and is sponsored by the local welfare rights organization. When they opened their program several years ago, before there were federal funds appropriated for nutrition education in WIC programs, the Las Vegas welfare mothers decided that they would provide their own version. They designed materials which would interest their friends and neighbors. One or two women in the group took on the responsibility for teaching the program participants about the importance of good diet to themselves and to the growth and development of their children. The connection was made clearly between what they ate while pregnant and what their child's chances for a full, healthy life would be. This kind of nutrition education is working and working well.

What it suggests to me is the importance of providing basic, consistent information which can be adapted by local community groups to suit their particular needs and their specific constituencies.

But it suggests something else as well. The mothers participating in the WIC program return regularly for medical check-ups and to get their WIC vouchers. Each time they return they discuss their dietary needs and those of their children with a nutrition aide on staff. In other words, there is regular, positive reinforcement of their nutrition education. It is one thing to learn but quite another to change behavior and food habits. We need to consider the implications of this reinforcement not just for the WIC mothers but, even more importantly, for those to whom such follow-up is not available, for the general public.

There is indeed a growing awareness of nutritional needs and that a lot of sugar is not a good idea but little is being done to develop this initial interest and to build upon it. The problem is in reaching those who do not participate in WIC or any other organized local program.

I am thinking particularly of working mothers in this regard. There are some 33 million women in the workforce, two-thirds of whom incidentally earn under $7,000 a year and a large number of whom care for their families alone. They have little time and fast foods are tempting.

To reach these women and to reinforce the lessons in nutrition learned by others, the government has a responsibility to provide reliable and consistent information. These days the media are rarely supportive and too often contradictory in their messages concerning food. Food stamp offices generally at best offer a few brief pamphlets, the sort of thing with similing carrots and cabbages but little information that means much. Some grocery stores have made an effort to awaken public interest but few have combined their fact sheets with long term media campaigns.

The challenge to this committee and to all of us who are concerned about nutrition education is two-fold. We must first restructure our approach to reaching low-income groups and at the same time develop a program of reliable public information. We at The Children's Foundation welcome your leadership and offer our assistance.

Mr. McHugh. Thank you very much, Ms. Bode. Your testimony was very helpful. The work of the Children's Foundation is marvelous. Although our programs are directed toward the poor, I assume that you would agree that the lack of nutrition education is something which transcends that particular group in our society. In some respects, we are all deficient in this area.

Ms. Bode. I would agree.

Mr. McHugh. Thank you very much.

Our last witness before the break will be Judy Wilkenson of WATCH. I gather that she may not be here but her statement is being presented for her by Allenna Leonard.

STATEMENT OF JUDY WILKENSON (WATCH), PRESENTED BY ALLENNA LEONARD, PRESIDENT, WASHINGTON ASSOCIATION FOR TELEVISION AND CHILDREN

Ms. Leonard. Thank you, Mr. Chairman.

My name is Allenna Leonard. I am president of the Washington Association for Television and Children. We wish to share with the subcommittee our views and the views of the parents and others who express concern to us about information on nutrition and health.

WATCH is a local nonprofit membership organization devoted to the improvement of programing presented to children on television and the education of the public about its effects.

Our concern includes both the program content and the advertising content that children see; both the products and the way they are sold.

As part of our public education activities, WATCH spoke last year to over 60 local PTA's, civil groups, and church groups. Before each presentation, we passed out and collected a short questionnaire asking what the audience thought about various aspects of television as it relates to their children.

After each presentation, we answered questions and discussed issues. From this experience, we believe that we have learned a great deal about the concerns of parents in a wide variety of lifestyles, income groups, and neighborhoods in the metropolitan Washington area.

One of the major concerns is the kind and type of nutrition information their children receive. If there is one message that comes through loud and clear, it is that parents need help in their efforts to provide good nutrition for their children. Advertising provides a substantial proportion of the information that both children and parents receive about individual food items.

Unfortunately, advertising's main purpose is not to inform but to sell, and moreover, to sell those products which realize the highest profits. This results in the preponderance of information conveyed being related to a very small range of the available food items; namely, snack foods, candy, and heavily sugared cereals. This is especially true of children's shows and shows that attract a substantial child audience.

Parents are very concerned about the amount of junk food their children request—and often receive—because the parents themselves lack the energy and the information they need to deny or limit their children's consumption.

Parents and consumers do look to the Government for help to provide them with trustworthy information they can use in making decisions about nutrition. They also look to the Government—and the programs with which the Government is associated—to set a good nutritional example.

There are a number of ways that the Government could act to promote better nutrition and a more balanced range of information about food, diet, et cetera.

Some of the idea which could be translated into legislation that parents have expressed to us are as follows:

Require that federally funded or assisted breakfast and lunch programs in day-care centers and schools provide children with a high level of nutrition. A parent has no leg to stand on if the school meal program offers hot chocolate and Hostess Twinkies for breakfast and heavily processed snack foods with lunch.

Establish limits on the proportion of child-directed advertising for food which are high in sugar. The free marketplace in food consumption is not restricted to Coke versus Pepsi or Fruit Loops versus Fruity Pebbles.

Prohibit cereal products with over 25 percent sugar from being advertised as breakfast cereal.

Require that ingredients on packages be listed by percentage and in print large enough to be seen without a magnifying glass.

Prohibit premium advertising to children. Whether or not a package has a trinklet inside is no basis for a nutritional choice. Children, in particular, lack the judgment to evaluate such hard-sell techniques.

Support the development of up-to-date and attractive nutrition information for schoolchildren from grades k–12. A commercial may cost up to $150,000 or more to convince a child that a snack food item should be purchased. No such promotion is advanced for apples, raisins, nuts, or carrots. It is up to the public to see that parents and children are presented with positive information about healthy food and warning about the effects of too much sugar and to many additives.

Consider the implications of food habits on the consumption of energy. It takes a lot less energy to put an apple or a baked potato on the table than a bowl of Apple Jacks or a processed and reprocessed stackable potato chips. Much energy is used both in the processing and in packaging which could be conserved.

Support the production of public service announcements on good nutrition to provide some balance to the overwhelming repetition of junk food messages.

In conclusion, the comments that parents have shared with WATCH through our discussions and survey questionnaires are that they are concerned about TV advertising about sugar, about additives, and about highly processed foods. But they are confused as well about how much is harmful and what the facts are about sensible nutrition. They are angry about what commercials sell to their children and how they sell to them. Especially they are angry on behalf of frustrated preschool children who are induced to want foods their parents do not wish them to have.

We ask that the subcommittee consider their voices and ours in this important issue.

Mr. McHugh. We thank you for being with us.

We will now recess until 2 o'clock. We again express our thanks to those who were so patient. The testimony has been very valuable.

[Recess taken.]

AFTERNOON SESSION

Mr. RICHMOND. The subcommittee will come to order.

We welcome you to this afternoon's hearings. I will be grateful if the witnesses will provide the clerk with a copy of their written testimony if they have not already done so.

This afternoon we will invoke the 5-minute rule. Your full statement will be put into the record. We will be most grateful if you would limit your oral comments to 5 minutes so that the members here can have an opportunity to ask questions.

Mr. McHugh?

Mr. McHUGH. Thank you, Mr. Chairman.

It is my pleasure to introduce to the committee Dr. Mal Nesheim. Dr. Nesheim is associated with Cornell University, which is one of the great assets in my congressional district. But much more than that, it is a great institution of teaching and learning in this country.

Dr. Nesheim is the director of the Division of Nutritional Sciences at Cornell University and is a recognized expert on nutrition. He has been of great help to me personally in my education on this subject.

Dr. Nesheim, it is good to see you. I know that Dr. Guthrie is accompanying you. Dr. Guthrie. I am sure that the chairman will join me and the others in welcoming you as well. Your reputation is certainly known to us.

Mr. RICHMOND. Welcome. Please proceed.

STATEMENT OF DR. MAL NESHEIM, DIRECTOR, DIVISION OF NUTRITIONAL SCIENCES, CORNELL UNIVERSITY

Mr. NESHEIM. Being a panel, consisting largely of college professors, we have made a long document for your consideration. Therefore, I will not be in a position to discuss this whole document with you today. I would only like to outline, in very brief terms, because of the time constraints, some of the things that are in this paper.

We intended this paper to provide a background and perspective from which a broad range of nutrition education issues could be considered. The panel of the Nutrition Consortium has attempted to identify several crucial issues that are important in nutrition education efforts. The major issues addressed in this document, I will just outline to you briefly without going into great detail.

We addressed ourselves to what information do consumers need about their food supplies. We suggest that the consumer needs a lot of information about their food supply and that information about food ingredients processing, nutrient content, and so forth be extensive, not only for food that is purchased at supermarkets, but also for foods that are prepared away from home.

We would encourage an examination of legislation and regulations that are involved with the whole area of what is in our food.

We then addressed ourselves to what type of nutrition information does the consumer need. We know that is one of the things you are considering at these hearings.

We recommended that nutrition education efforts directly address the issues related to diet and health. We feel that the public needs to understand the risk/benefit relationship of various dietary practices. The efforts of Government and of nutrition professionals should be directed toward providing nutritional information about risks following various dietary and lifestyle practices compared to the health benefits that may accrue from modifying these practices.

Individuals must be provided with sufficient information to make informed judgments as to their own practices. Informed nutrition professionals must be willing to make, in their best judgment, assessment of these benefit/risk relationships, even if their scientific information is still incomplete.

Dr. Guthrie is going to discuss with you in more detail some of our concerns and considerations as to how nutrition information should be provided. We have not come to you with a major program which gives all the answers on nutrition information, however, and nutrition education.

We do feel, however, that we need additional programs in both the formal educational system for nutrition education, as well as in the nonformal system of nutrition education.

This report recommends that a National Nutrition Education Council be established to guide and coordinate the nutrition education efforts taking place in the Government and in the private sectors because we do feel that nutrition education is not only the Government's responsibility, but that there are many aspects of our society that are involved in this important question.

We also feel there are some things that need to be done to improve the knowledge base in which nutrition education is based. We suggest that an effective system of montoring and assessing the nutritional status and food consumptions of our population is necessary to provide information to effectively target education programs and to alleviate specific public health problems.

We certainly support a system of this type.

We think that our current nutritional knowledge is adequate to justify expanded public education efforts. We do not come to you saying only more research is needed, because we think we do know something. We would like to see the public be made aware of some of the things that the nutrition community does know.

The efforts of this subcommittee in holding these nutrition education hearings are particularly appreciated by the nutrition professionals we represent.

[The paper referred to above is held in the subcommittee file.]

Dr. NEISHEIM. I would like to ask Dr. Guthrie to make a statement on some aspects of the formal and informal systems we think are necessary.

Mr. RICHMOND. Welcome. Please proceed.

STATEMENT OF DR. HELEN GUTHRIE, PENN STATE UNIVERSITY

Ms. GUTHRIE. Thank you.

I would like to elaborate on the need for a strengthened commitment to nutrition education. As we have heard many times this morning, consumers have questions to which they want and need answers, authoritative answers, based on the best available scientific thinking. They want the answers today, or at the latest, tomorrow.

There are two types of educational activities to which we can turn to respond to this need. Nonformal and formal education. Nonformal education provides a feasible short-term solution to the problem and one which will be constantly needed to reinforce and supplement any formal education.

This avenue includes the use of mass media—radio, television, magazines, and newspapers. It extends to books, pamphlets, public lectures, and adult education. Currently these activities are fragmented, and the message is often confusing to the lay individual who does not understand the vocabulary or has no way to evaluate the content.

Nutritionists involved in these activities are being trained to work within the social, economic, and cultural constraints of the community. They recognize that they cannot do the job alone and must rely on the educators and social scientists with communication and motivational skills to achieve maximum impact.

Together, with the professional educator and the communication specialists, they are prepared to work, to identify the target audience, to assess their needs, agree on the message to be communicated and then plan, implement, and evaluate alternative approchases to achieve their goals.

Methods that are effective must be utilized to the fullest—those that are ineffective discarded. There is a desperate need for support in terms of both manpower and money for activities that show promise of meeting the immediate needs of consumers.

Since effective nonformal education programs directed at a limited segment of the population can be costly, cost-effective analysis are essential. As support for nonformal programs becomes available, and as the number of programs escalate, its success will depend on the availability of a growing number of professionals qualified to evaluate and interpret nutrition information to the public.

An expansion of the training of these professionals is a concurrent need. Otherwise, there is an ever-present danger that those unqualified will fill the void perpetuating the sense of confusion which a large segment of the public now feels.

Formal education falls into categories: One, the education of the host of professionals—physicians, dentists, nurses, health educators, physical therapists, coaches, and home economists, whom the public views as sources of authentic nutrition information; and

Two, the education of elementary and secondary school children. Education of these groups represents a long-term solution to the current dilemma and must proceed concurrently with nonformal activities.

Nutritionists and dietitians are well prepared in the scientific basis of nutrition and are sensitive to the social, economics, and cultural variables which influence food habits. They must assume programmatic leadership.

The qualifications of the other professionals to counsel the public and interpret nutrition information varies greatly—with some professional schools allocating no time to nutrition and others sufficient to allow their graduates to function effectively.

Unfortunately, until nutrition is recognized as a component and the curricula for these professionals is available through continuing education, the public will continue to have no way to assess the competence of those to whom they turn for guidance.

They will continue to be confused as these resource people provide conflicting advice. There is an urgent need to provide incentives for the inclusion of a minimum nutrition component in their professional training and encourage the use of competent professionals to participate in this training.

Formal education of elementary and secondary school children is the most promising long-range solution if we are to increase the nutritional literacy of the public and equip them to make informed decisions. A few States have mandated nutrition as part of the curriculum while others allow it as an option, but seldom provide the incentives to encourage teachers to implement it.

Until nutrition becomes required as part of the training of teachers, the results are going to be spotty with the real possibility that the students will emerge either informed or confused by the inconsistency of the messages they receive.

In addition, teachers must have administrative support and the incentives and rewards for effective teaching if they are to be motivated to achieve the required level of competence to qualify them to handle the subject matter of nutrition.

Mandatory nutrition education must be accompanied by mandatory preparation for teachers and the development, evaluation and dissemination of alternative strategies for incorporating it in teacher education and in inservice training.

In reviewing the state of nutrition education, we would be remiss if we failed to recognize that there have been innovative programs, both in and out of Government, that have been fully evaluated and have been demonstrated as effective. Given a mandate and financial backing, the nutrition community does have some backlog of experience and expertise to draw on, but there is still need for refinement and experimentation and evaluation.

We are prepared to move ahead to respond to the public's needs and concerns.

Mr. RICHMOND. Thank you, Dr. Guthrie and Dr. Nesheim.

Mr. McHugh?

Mr. MCHUGH. Thank you very much for being with us.

One of the suggestions that Dr. Nesheim made is that the effort at coordinating these various activities be undertaken by a National Nutrition Education Council, which would include both public and private representatives.

Could you be a little more specific and tell us what you have in mind in terms of the membership of that council and what precisely it would be doing?

Dr. NESHEIM. We spent considerable time on this panel discussing who was responsible for nutrition education and how we could make nutrition education programs be more broadly based as far as public need was concerned and reach a larger portion of the population.

We are aware of many Federal programs right now that have education proponents. We are aware of the cooperative extension. We are aware of education components in WIC. We are aware of education components that have been suggested for such Federal programs as food stamps, school lunch programs, and so forth.

When you get down to the local level, there are many times when these education programs for these various kinds of food programs start to overlap and get into confusion as far as the local populace is concerned.

We are aware also, of course, that there are many other agencies that are involved in nutrition education. So, we have not specified this National Nutrition Education Council in great detail, but we really feel that the Federal and State governments and the food industry and the community repersentatives and schools and people in the family representing consumers all have responsibility for nutrition education. We would like to see a council established like the National Nutrition Education Council which would help identify areas of need which would make recommendations for action programs for nutrition education. It would help establish priorities to the various agencies that are involved in nutrition education.

We would just like to get everybody together who has a piece of the pie and see if we can talk with each other and see if we can do an effective job.

Mr. McHugh. You have touched upon what I am sure everyone here agrees is a serious problem, which is a lack of coordination. The Federal Government is spending very little in comparison with what the food industry spends. Therefore, we have to simply maximize our efforts.

Would you envision this Council being initiated by legislation or by some understanding reached outside of the legislative process?

Dr. Nesheim. Whenever one legislates something, of course, one tends to cast something in iron. We really are trying to say this.

We need experimentation as to the best way to do this coordination. Maybe it is not the best system to have everybody get together and think of common goals for nutrition education. Maybe we do need a few people looking at things differently. But we have had that for a long time. We would like to have people get together and see what we can do together for a change.

So, if we could establish such a Council by some mechanism other than by legislation, I would be perfectly happy with that.

Mr. McHugh. Thank you very much.

Mr. Richmond. Mr. Panetta?

Mr. Panetta. This question is for either of the witnesses.

In your testimony, Dr. Nesheim, you indicated we have a base of information on nutrition. I am interested in this. What do we know in terms of nutrition now? Are we talking about certain simple formulas that we have arrived at, such as, sugar is no good?

What are we talking about when we say we want to inform the public about nutritional problems?

Dr. Nesheim. One of the things that I think has been the biggest problem for the nutrition community has been of dealing with the issue of health and nutrition.

Within the last several years, it has become quite evident that nutrition is a component of many serious health problems in this country. It is a component of the heart disease question. It is a component of the problems with hypertension. It is a component of problems associated with rather long-developed chronic diseases that are in our population. It certainly is a component of obesity which is a big problem.

The dietary part of that is not the only component. There are many other environmental factors that are involved in this as well.

The nutrition community has had a difficult time, I think, coming to an agreement within ourselves as to what is the role of diet in some of these questions and knowing what the role of diet is and what the action is that should be taken on the basis of this information.

I think many of us have said that we know that diet is involved, but we do not know enough to make general recommendations to the population.

Others have felt that we really know enough that we should make some specific dietary targets or dietary goals which we should attempt to use in our nutrition education program.

I think we are coming very close to being able to put together some kind of dietary goal that we all ought to agree on and come to grips with. This is a personal opinion on my part. I am not representing 50,000 people when I say that.

But I say that we are, in fact, reaching that point where we could come to some agreement on a set of dietary goals that we ought to use as part of nutrition education.

Mr. PANETTA. I see this problem in two parts. One, of course, is about dietary needs of people.

The other aspect is information. This is about what is contained in the food that people are buying so that if they decide they want to buy junk food, they, at least, have the information, either through some kind of labeling or some other method to know what they are buying.

We are talking about a two-part problem here? Correct?

Dr. GUTHRIE. I think you have characterized it fairly well. In listening to Dr. Nesheim's response here, it seems to focus on the health issues more from a preventive standpoint. We do have an awful lot of information about what is needed for normal growth and development.

I think we may be arguing about whether or not you need 45 or 60 milligrams of vitamin C. But that is really not a tremendous import to the public. The point we do agree on is that you do need vitamin C for normal health and development. One could go through the rest of the nutrients in the same way.

Getting an adequate amount, whether it is 45 or 60 milligrams of vitamin C is going to mandate having certain components in your diet.

Mr. PANETTA. Do you think that right now there is general agreement as to these various targets? Do you sense there is agreement in the nutrition community with regards to what food a person should have during the day?

Dr. GUTHRIE. Within certain limits, yes. I think we are trying to define it more and more. We have the technology now to look at it much more carefully than we were able to 20 years ago.

Mr. PANETTA. Thank you.

Mr. RICHMOND. Dr. Nesheim and Dr. Guthrie, we want to thank you both. I especially want to thank the Consortium for all the work they have done helping us plan these nutrition hearings. I know I am speaking for all my colleagues when I say we are delighted with our close association with the National Nutrition Consortium.

Dr. NESHEIM. Thank you very much for having us.

[The prepared statement of Dr. Nesheim follows:]

Prepared Statement of Dr. Mal Nesheim

Mr. Chairman, I am pleased to have the opportunity to speak to you today at these nutrition education hearings. I am the Director of the Division of Nutritional Sciences at Cornell University and I have been a member of a Panel on Nutrition Education of the National Nutrition Consortium which represents six professional societies. The American Institute of Nutrition, the American Society of Clinical Nutrition, the American Dietetic Association, the Society for Nutrition Education, the Institute of Food Technology, the American Academy of Pediatrics and the Food and Nutrition Board of the National Research Council are members of this Consortium that have a membership of over 50,000 nutrition professionals.

The panel on which I have served consisted of Dr. Johanna Dwyer of Tufts University, Dr. Helen Guthrie of Penn State University, Dr. Alfred Harper of the University of Wisconsin, Dr. Helen Ullrich of the University of California at Berkeley, Dr. Dorothy Rowe of James Madison University and Dr. O. L. Kline, Executive Secretary of the Consortium. Dr. Guthrie is here with me at these hearings today.

We have prepared a working paper on nutrition education which we wish to submit to the committee for consideration. We cannot discuss the entire document with you but Dr. Guthrie and I wish to highlight certain parts of the panel report for you today. The paper which we have provided you is intended to give a background and a perspective from which a broad range of nutrition education issues can be considered.

You are considering as part of these hearings what the consumer needs to know about nutrition. We support the view that consumers are entitled to know a great deal about their food supply. The time is long overdue to give consumers the information needed to understand the value of their food. Rules, regulations, and education that were meaningful two decades ago may not be still fully applicable, largely because of the tremendous changes in food technology and of the eating habits of Americans. The consumer needs to know the ingredients of the foods consumed, the treatment it has undergone, the components that have been added, the manner in which it has been prepared, the nutritive value of the food, and the care it should receive until it is consumed. However, this information will be of little use unless the consumer has a sound base of nutrition knowledge.

We also believe that consumers need nutrition education not only to use foods wisely and economically but also to recognize inaccurate and misleading information about relationships of food, nutrition and health. Consumers are bombarded with both accurate and inaccurate information about such relationships. They encounter it in articles in newspapers and magazines, in books, in advertisements, in leaflets from food manufacturers and nutritional supplement companies, in pamphlets prepared by government agencies, in radio and television commercials and programs, and in the literature of consumer and consumer advocate organizations. Some of it is prepared by highly qualified nutritionists, but much of it is designed to create fear of food and fear for health in order to sell a product or a book that is offered to relieve these fears. As a result, consumers are bewildered by conflicting statements and claims. They often do not know what to believe nor whom to believe, nor where to turn for valid answers to their questions.

Consumers need to know where to find accurate information about nutrition and the nutrient content of foods. They need to know the sources of information upon which they can rely. They need reliable evaluations of claims that are made for the value of foods and nutrients in the prevention and treatment of disease. They need critical assessments of the claims of nutritional supplement companies, of food companies, of consumer and consumer advocate organizations, and of news items that report health claims or claims of food and nutrition benefits and dangers.

We recognize that consumers have often turned to what professionals have considered inaccurate or misleading sources of nutrition advice because the professionals in the nutrition community have been divided or unwilling to make statements about certain questions other than to say that "more research is needed."

Recently evidence has accumulated that heart disease, diabetes, hypertension are associated with both genetic and environmental factors, one of which may be diet. We also know there is an association between obesity and susceptibility to certain chronic diseases. Many nutrition scientists are currently investigating the association between diet and incidence of chronic diseases. They know that dietary modifications are important in the treatment of some of these diseases but many feel that the available evidence may not justify making general recommendations to the population as a whole.

As scientists however we must let people know the state of knowledge so individuals can decide whether to use the information or not. The public must become accustomed to the idea of benefit-risk assessment when considering nutrition and health matters and nutrition education must help the public understand these relationships.

We believe that nutrition education must directly address the issues related to diet and health. The efforts of government and nutrition professionals should be directed toward providing sufficient information about the risk of following various dietary and life-style practices compared to the health benefits that may accrue from modifying these practices. Individuals must be provided with sufficient information to make informed judgements as to their own dietary practices. Informed nutrition professionals must be willing to make "best judgement" assessments of these benefit/risk relationships even if the scientific information is incomplete.

What can government do to foster nutrition education?

We have not outlined a broad new system of nutrition education in the United States. The components of such a system are complex and varied and the Federal government represents one very important component involved with delivering nutrition education to the public.

We do believe however that there are several things that government can do. We encourage further investigation of food labeling and nutrition information legislation. The new nutrition labeling of foods has provided an improvement over information given the consumer previously. It must be recognized however that it is a voluntary program that covers only a small group of foods. Many of the foods that are mixtures, such as soups, frozen TV dinners and complete "in the box meals" do not volunteer nutrition information.

We encourage activities of regulatory agencies and food legislation that will insure public confidence in our food supply. Again this requires a full disclosure of procedures used in assessing food safety and an active program of education that acquaints the public with issues involved with food regulation and safety assessment.

We believe that government can foster nutrition education in both formal and non-formal settings. A basic nutrition education in formal school systems will do much to improve the nutritional literacy of our population. This requires however a considerable strengthening of teacher competencies, and curriculum development.

These educational systems will be discussed more by Dr. Guthrie. This is however the major way that the majority of our population receives nutrition information.

We wish to emphasize that some mechanism must be found within the Federal government to coordinate education activities of various agencies. At the local action level, a multiplicity of Federal and state programs carrying out education efforts separately may only serve to confuse the consumer.

No single group in this country has exclusive responsibility for nutrition education. The Federal and state governments, the food industry, the community, the schools, and the family all have responsibility for it. The need for nutrition education continues throughout life. Priorities must be established. We have suggested that a National Nutrition Education Council be established under Federal sponsorship, with balanced representation of all groups influencing nutrition education to coordinate the efforts of all groups, to identify areas of need, and to make recommendations for action programs in nutrition education.

We share the belief of Carol Foreman, Assistant Secretary for Food and Consumer Services, USDA "Nutrition education can and must be an active force. Nutrition education has to be available where and when people need it. Sure, you can have it in the classrooms, but you have to have it in the grocery store, the food stamp office, the welfare office, and in the media. It has to be on radio, television, magazines and bus placards. It has to be as appealing as the competition is. Nutrition education must be an active force."

We are pleased that this committee has shown the interest in nutrition education. The nutritionists that we represent are anxious to be of assistance to you.

How can or should this be done? A suggestion is that food and drink items be given a nutritional value using numbers. This number value, by law, would have to be included in all advertisements and on all labels. The value system could be derived by a panel of experts and based on the item's nutritive worth minus its nutritive detriment. For example, if the scale is one hundred, and it is determined that a particular food item, because of its naturalness, its freshness, its ingredients, has a nutritional worth of 80, and, because of its negative nutritional qualities has a nutritive detriment of 50, the overall nutritional value would be 30.

Such a system would have its drawbacks to be sure, but it certainly could facilitate the consumer's easy identification of a food item's nutritional worth as determined by an impartial body of national nutritional experts.

There is an old African proverb which says, "if you don't know where you're going, any road you take will lead you there." This expression is reflective of the federal government's inadequate, uncoordinated, symptomatically oriented health care system. Its effort in the area of nutrition and nutrition education, can be characterized the same way.

One of the reasons for this characterization is the fact that nutrition still does not receive the attention and priority it deserves in the prevention, causation and treatment of disease. A case in point is high blood pressure. This disease, is probably the most common major medical problem facing this society. It is a major cause of heart attacks, strokes and kidney disease. In the black population, the incidence, and severity of hypertension is greatest. In almost all cases, after the diagnosis of hypertension is made, the first advice given by any physician is, 1) cut ou or cut down on your salt; and, 2) lose weight. These two pieces of advice can eliminate the disease. And, they both are dietary advice. If this advice is always given after the diagnosis is made, certainly consumers have a right to that information before hand so that the disease and its complications can be prevented.

It has been my experience, through health columns, radio and television appearances, and lectures, that consumers are starved for nutrition information.

This interest should be capitalized on in an organized structured way. The responsibility for this rests with the federal government. What needs to happen?

--The federal effort in nutrition needs to be centralized. The various agencies, divisions and departments involved in education, research, policy and regulation development, or monitoring in the area of nutrition should be brought together. This would assist consumers in their efforts to secure help with their diets.

--An ongoing campaign of nutrition education should be fostered. This campaign should be designed to reach lay people in all areas of the country with what is already known. For example, to reach a significant portion of the black community, regional conferences on nutrition should be sponsored for disc jockeys and ministers. In addition, well known athletes should be involved in a "United Way" type effort. Further, top 40 type records could be produced with nutrition messages designed to reach youth.

Mr. Chairman, thank you.

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[1] Surgeon General's Scientific Advisory Committee on Television and Social Behavior, "Television and Growing Up: Impact of Televised Violence," U.S., June 1974 U.S.P.H.S., GPO, Washington, D.C. 1972, p. vii, 3-4.

[2] Ibid.

[3] Preventive Medicine U.S.A.: Health Promotion and Consumer Health Education.

[4] Ibid.

[5] Ibid.

Mr. Richmond. Our next witness is Ms. Naura Hayden, author of a book entitled, "Everything You Always Wanted to Know About Energy."

Since I have read your book, I have taken to eating yeast.

Welcome, and please proceed.

STATEMENT OF NAURA HAYDEN, AUTHOR, "EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT ENERGY"

To begin with I'm delighted to be here and I'm honored that Congressman Fred Richmond and his Committee invited me to be part of this hearing. This Committee by its very existence is a progressive body and should be recognized and publicized as a most important part of the Congress, and sitting alongside of you people as the most critical observer should be the President of the United States to hear this important series of testimony.

I'd like to start out and say that there is a Human Energy Crisis and I am dissapointed that the present administration hasn't recognized that the lack of human energy is far more of a problem than the shrinking resources of oil.

There are millions of people paid to work eight hours a day who, though willing and ready, are not able to perform more than four or five hours with their coffee breaks, cigarette breaks, candybar breaks, sick leave and accidents costing this country billions of dollars.

What a tragedy it would be if we solved the problem of the spiraling economy, cut down crime rates, found jobs for those victims of the recession and then discovered we were plagued with a pooped-out generation of weak enervated people.

Now I'd like to ask everyone in this room if you feel really super good and full of energy to raise your hands.

Now, how many of you drink some coffee or cola drink every day? How many of you smoke some cigarettes every day? How many of you eat some sugar every day? How many of you drink a couple of Scotches or Martinis at lunch or dinner?

I use to need all those things--caffeine, nicotine and sugar to rev-up my body and then alcohol to ease the tensions at the end of the day. Those were my "uppers" and "downers" until at a very young age my body gave out and I was hospitalized with not enough energy to walk across a room and that's why I took the time off my acting and singing career to write my book about "ENERGY," because I know first hand what it's like to have a life full of sickness, tension, anxiety and awful depression. I found out first hand how terrible caffeine is to the body and I wonder why we legalize this drug (and caffeine is a drug even though we don't like to admit it, and if you don't believe it, try to cut out all coffee or cola drinks from your life and feel what withdrawal is).

I found out first hand how addictive sugar is -- -- the more you eat, the more you crave, and again, if you find this hard to believe, try cutting out all sugar from your life and you'll see how difficult it is because you are hooked.

I would like to take a strong position about sugar. This commercial product, which is taken massively each day, is one of the great sources of illness in this country. It is poisoness to the system. We find it difficult to believe that something Mummy and Daddy gave us can be so harmful, but Mummy and Daddy have been mislead by the sugar industry just like all the rest of us.

It seems ironic that very little is ever done to publicize and pinpoint the bad effects of sugar, while there has been a concerted effort to discredit sugar substitutes. There certainly seems to be a motivation behind this method of perpetuating sugar at any cost. The tests against saccharin have been inconclusive and yet wholesale scare tactics were inserted to make people think a few sips of a non-sugared soft drink will cause Cancer. If the rats in the saccharin studies had been fed the equalivent amount of sugar I believe it would have killed them and I believe it is imperative that sugar be tested using the same enormous amounts that were used with saccharin.

Of course, we know alcohol is a drug and there are millions of social drinkers and millions more who are closet drinkers and alcoholics, shamed to let the world know their bodies are addicted to this drug.

Why is it so many Americans are hooked on caffeine, nicotine, sugar and alcohol? It's because their bodies are malnourished and have no energy, so they put in the junk which gives a short lift and then unfortunately plummets them down. This is like whipping a tired horse and proves we are an overfed and undernourished nation.

I have been fortunate to travel to over thirty-three cities many times in the past twelve months on tour with my "ENERGY" book, and I have met and talked with thousands of people on TV shows, radio shows and in stores and I found out that the majority of people don't feel good. They are tense, depressed and sick a lot of the time and they are tired of being tired. But more than that they are confused because when they go to their doctors and ask why they're tense, the doctors are too quick to give tranquilizers and when they're tired and depressed the doctors are too quick to give "uppers" and like all drugs, the more you take the worse you feel. Now, of course, not all doctors are "drug-happy." There are some fine doctors who are into preventive medicine, but most doctors are trained in medical school to treat you with drugs once you are already sick -- -- but what about teaching these doctors how to prevent disease and how to build strong healthy energetic bodies through nutrition and vitamins?

How many times a day in how many doctor's offices are there prescriptions given for drugs instead of vitamins and food supplements that if taken regularly can prevent sickness? There is something drastically wrong when so many doctors through ignorance scare people about eggs and milk and vitamins which are good foods and build health and not about coffee, sugar and alcohol.

There is also a lot of confusion in children's minds. They are inundated with TV adds telling them that sugar coated cereals are good for them and they'll get all the vitamins and nutrition from these kind of junk foods, but these adds aren't just misleading, they're down-right lies.

We need courses in every school in America to teach all kids about what vitamins are and why we need them and which foods build strong healthy bodies to play soccer and little league and fuel their brains so they can think more clearly -- -- and which foods are junk and how they cause bad grades, mental disorders, weakened muscles and disease.

If I seem passionate about nutrition and vitamins, it's because I am. Only someone who has suffered with illness can really appreciate great health and I want to turn everybody on to what I have learned so that everybody can feel as good as I do.

If some of you think I'm exaggerating, you are wrong. If you went around the country and got the enormous response I've gotten you'd realize how desperate people are for information about how to heal their sick bodies and depressed minds. They're tired of giving money to doctors and feeling worse.

I believe the time is now to face up to the truth. Caffeine, nicotine, sugar and alcohol are injurious to the body and we have got to stand up and say so. I had to heal myself of all the illnesses plaguing me, but before I did I spent thousands of dollars on doctors bills and drugs. I suffered needlessly with depression until I found out about nutrition and vitamins and totally cured myself. I am now the healthiest person I know and the most energetic. I have received over 15,000 letters so far in the last year from people all over the country relating how they're changing their lives through nutrition and vitamins and are feeling good for the first time. In summation, thanking the Committee for an opportunity to be heard, I would like to stress the need for intense nutritional training made mandatory at every medical school in the country, the need for mandatory nutritional training in every grammar and high school in the country, an in-depth study on the effects of sugar given the same intense publicity as the studies on saccharin. I would like to see a special tax placed on foods which do not contain the nutrients necessary to sustain health, and the same warning put on these non-nutrious foods that is put on cigarettes -- -- a warning that they are dangerous to your health.

I do hope there are some persuasive Congressmen and women and Senators who can convince President Jimmy Carter that the Human Energy Crisis is more important than the Panama Canal, the economy or any other national problem. I think it should be a top priority in his next six months in office.

If volunteers are needed to participate in this program, let me go on record and state that for less than the expected dollar a year, I enlist.

Thank you.

NAURA HAYDEN

Mr. Richmond. You obviously are so full of energy that it is contagious.

Can you tell us briefly what your formula is? You have alluded to it, but you have not discussed it.

Ms. Hayden. I found out 8 years ago when I was doing a lead on Bonanza. On the last day of shooting, I literally could not get out of bed to go to Paramount Studios in Hollywood. I had no energy. They had to bring an ambulance to take me to the hospital. They thought I had mononucleosis. They did not know what it was. I was there for 2 weeks.

I had been smoking 1 pack of cigarettes a day, 10 cups of coffee a day, the alcohol at the end of the day to relieve the tension, and sugar all day long.

While I was in the hospital I started learning about nutrition. A friend gave me a couple of books on nutrition. I learned about the yeast. I had canker sores. I was fallng apart. I was a young person to have bleeding gums and canker sores. I was a wreck.

My nerves were in bad shape. I was full of tension.

I learned about the yeast and this I take every day of my life. I travel with my blender which weighs 1 ton, but I will not go 1 day without making the yeast, that is, the milk shake that I make myself every morning. It relieves all the tension in your body. It gives you enormous amounts of the B vitamins.

It is the most fantastic thing. It changed my life more than anything that ever happened before 8 years, or since that time. I learned about vitamins. I take massive doses of vitamin C. I have not had one cold in the last 8 years. I truly used to get 8 or 10 a year.

I have a high need for vitamins. But most people do have that need. They are misled into thinking that they do not. A lot of doctors are great, but a lot of doctors tell people they do not need vitamins.

I just did a "Good Morning, America" session 4 months ago with Seymour Halperin in New York. We had a debate for 15 minutes. He told everybody that they do not need vitamins, that they get enough in their daily diet. It is not true. That is why the majority of people in this room do not feel great. Most people do not.

The information should be there. We should get rid of the confusion. That is the worst thing. When I go on tour people say, "Who am I to believe?" That is so sad. I think it should start with the doctors in medical schools getting this training so that they will know the fact.

Mr. Richmond. Ms. Hayden, we thank you. I think the answers are in your book. I have read it and it is very good. Pocketbooks published it.

Mr. McHugh?

Mr. McHugh. Ms. Hayden, you are very persuasive and, as the chairman said, full of energy. I am sorry Mr. Symms is not here because he was giving us a demonstration of wheat and how beneficial that is. You could complemented that very well with your yeast. That could have been our afternoon lift-up. [Laughter.]

In any case, I want to compliment you on being with us today. I have not read your book, but now that you have inspired us I will take a close look at it.

Thank you very much.

Ms. HAYDEN. Thank you.

Mr. RICHMOND. Mr. Panetta?

Mr. PANETTA. I am at a loss for words. [Laughter.]

We thank you.

Mr. RICHMOND. Mr. Glickman?

Mr. GLICKMAN. You are a superwitness. I know you have an aversion to alcohol. I am one who believes that we have to convert the use of alcohol from a stimulant to use as a fuel in automobiles.

I wonder if you would be going on record as supporting that?

Ms. HAYDEN. Taking the alcohol we would drink and convert it into fuel?

Mr. GLICKMAN. Yes.

Ms. HAYDEN. I think it is a great idea.

Mr. GLICKMAN. I am serious.

Also, you talked about one of the ways it looks like we can best educate people is to get them to understand the problem so they can then encourage the manufacturers, like General Mills, and the others, to start making products that are more nutritious.

Ms. HAYDEN. May I say one thing?

One of the problems is that you cannot tell people to stop smoking, stop drinking coffee and stop drinking booze, and eating sugar because people would not be doing these things if they did not need them.

In other words, they would not be able to walk around if they did not have the four cups of coffee every day. The point is to teach people to put really nutritious potent foods in their body, like the yeast, and then you phase out. You do not need the coffee.

I do not drink coffee—not because I do not say it is good for me, but I do not drink it because I do not need it anymore.

Mr. GLICKMAN. Is it not a chicken and egg kind of argument? You have to teach people, but it is very difficult to teach people when they are bombarded with merchandising which encourages them to utilize those things which are not nutritious.

Ms. HAYDEN. If they find out that these things are lies and the sugar-coated things are bad for them, then they will stop buying them. Then the companies will have to change and will have to start putting good things in their products.

The people are putting the money out and buying these things. It is perpetuating. But if the public gets the information that these things are bad for the kids, then it will change. That is why the kids are getting sores and are getting bad grades.

The manufacturers will then change.

Mr. GLICKMAN. I thank you very much.

Mr. RICHMOND. Ms. Hayden, we thank you very much. We do hope you will work with us.

Ms. HAYDEN. I would love it, truly.

Mr. RICHMOND. Our next witness is Dr. Therman Evans from the District of Columbia Board of Education. He will present a statement by Rev. Jesse Jackson.

STATEMENT OF REVEREND JESSE JACKSON, OPERATION PUSH, PRESENTED BY DR. THERMAN EVANS, D.C. BOARD OF EDUCATION

In a recent conversation with parents exasperated about their son's dietary habits, I was impressed with how deeply ingrained in the minds of consumers is the impression that meat is necessary for life. Their son, a high school academic honor student with a full academic scholarship to a northeastern ivy league college, a muscular, solidly built, athletically inclined 19 year old young man, was a picture of health. The conversation of the parents focused on what they perceived to be a real deficiency in their son's diet. He was a vegetarian. They were concerned, and complained to me in an effort to convince me to persuade him to eat meat, at least occasionally. I attempted to explain to the parents that a vegetarian diet, properly followed, not only provides all the basic nutrients, but also, in the long run, would probably be better for them too. They listened attentively, but were not convinced or assuaged. The mother's final comment was, "Well, maybe so, but I still think he needs some meat."

This conversation is just one of hundreds I've had exactly like it. And, it's reflective of the way nutrition education has been carried out in this country. Since time immemorial, the home economists, the health educators, the dietitians, the nutritionists, the doctors, the schools all have used as their format, the four basic food groups rather than the five basic nutrients plus other essential ingredients (water, fiber). In my opinion, consumer nutrition education has been approached in a way that makes it responsible not only for the above meat myth, but also for the lethargy with which research has been carried out on the health and nutritional value of meatless meals.

Eating has been common to all people since the inception of people. And yet, nutrition is essentially a new discipline. The effects of diet on growth and development, the effects of diet on disease, alternative dietary plans for attaining and maintaining a nutrient balance necessary for good health, are all issues just now being researched. I believe this is so because our diets have generally been omnivorous. Since this society has always accepted as essential, and eaten both animal and plant sources of food, the need to explore the pros and cons or values of alternatives has only recently been felt.

And now, in addition to the "basic four" teaching, economics plays a large part in determining how and what we eat. "Economics" here refers to the amount of money big industries put into producing and promoting foods designed to put profits in their pockets rather than meet the nutritional needs of people.

Companies promoting various foods and drinks have had access to the media airwaves limited by only the size of their advertising budgets. They (companies) have been allowed to make many misleading and false claims about the virtues of their various products. All that seems to be needed is the money to pay for the time. When the money is available--and big industry has it; and when the advertising space or time is purchased--and big industry purchases it, a norm is, or can be established that is inconsistent with what is commonly accepted as good nutrition. With repetition being the essence of learning, and with T.V. being one of the principal modes of repeated message communication in this society, the norm is established by those who can afford the most advertising space. For example, if a parent or parent group of a school system suggested serving whole wheat bread versus white bread, or if they suggested serving fruits and fruit juices instead of soda pop and candy, they would be met with challenges of justification for the change. Parents or individuals concerned about proper nutrition would be placed on the defensive, while industries with large advertising budgets have their nutritionally worthless products accepted without question. After all, everybody has heard, and therefore knows about the virtues of the frequently advertised products. To further illustrate this point, I recently gave a presentation on nutrition to a group of 4th graders. Along with the brief lecture we prepared a small snack using whole wheat and rye bread. As most of the students anxiously began preparing their sandwiches, one of the boys came up to me and asked,'Why can't I use 'real' bread to make my sandwich?" Before I could respond, he concluded by saying, "I want some white bread." Subsequent to his request, several other youngsters chimed in making the same one. And, of course, the request served as a basis for the ensuing discussion.

My impression was that obviously, big industry is aware and takes advantage of the fact that more people watch television than make use of any other single mode of mass communication. In fact U.S. census data indicate that 96% of American homes have one or more television sets. The average home set is on six hours a day. Frequent viewing begins at about age 3 and remains high through age 12. Viewing tapers through the teens but rises after marriage and after middle age. Studies have indicated that at least 30% of the American public get most of their health and medical information from T.V. advertising. A 1970 survey of a commercial T.V. network channel in Detroit, by investigators from the Wayne State University School of Medicine, reported that only 30% of the health time offered useful information while 70% was inaccurate, misleading or both. In a recent study of the impact of T.V. health messages (mostly commercials) on fifth and sixth grade children it was found that 60% of the commercials were believed by children attending a mostly white university experimental school, while 86% of the commercials were believed by children who came from socioeconomically disadvantaged backgrounds. If 70% of the health messages on T.V. (a significant portion of which are diet related) are inaccurate or misleading and between 60% and 86% of these messages are believed by children, certainly this is another reason why T.V. viewing should be labeled as hazardous to your health. As a result of the messages or conditioning received, the consumer--young and old-- suffers as they continue to eat, drink and make merry to excess. And, for this the federal government must be held responsible as it has allowed industry, through the media, to promote and foster eating habits that have created and maintain millions of junk food junkies.

It is time, indeed it is past time, for the federal government, through the appropriate agency, to take action to curtail the current, and construct a different kind of access to the media airwaves for companies promoting food and drink items.

Mr. Richmond. We thank you for coming to testimony. Give our best wishes to Reverend Jackson.

Our next witness is Mrs. Lillian Huff of the Mayor's Commission on Food, Nutrition and Health, in the District of Columbia.

She is accompanied by Mrs. Mildred Brooks.

Excuse me, I guess Mrs. Huff is not here.

We will then call Ms. Lynn Parker of the Food Research and Action Center.

We are glad to have you and glad to note the outstanding work that FRAC has done, particularly with regard to food stamps. You represent an outstanding organization.

STATEMENT OF LYNN PARKER, NUTRITIONIST, FOOD RESEARCH AND ACTION CENTER

Mr. Chairman, Members of the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition, I am Lynn Parker, a nutritionist with the Food Research and Action Center, or FRAC. FRAC is a private, non-profit public interest law firm and advocacy center which offers legal assistance, organizing aid, training and information to poor people and their groups working to improve and expand the Federal food programs.

Before I came to FRAC I worked for three years as a State-level nutritionist with the Expanded Food and Nutrition Program. The Expanded Food and Nutrition Program is part of the Cooperative Extension Service Home Economics and 4-H Programs. Through paraprofessionals called nutrition aides, this program teaches nutrition to low-income homemakers with young families in one-to-one or small group situations, and to youth groups nine years of age and up. I come to you as a person who is eager to see the expansion and improvement of Federal feeding programs, but also as someone who has had some practical experiences in a Federally-funded nutrition education program.

I don't think anyone would quarrel with the idea that we all have a right to begin to learn at a fairly young age what to eat to keep ourselves healthy. That's the kind of information that is passed down from generation to generation in any culture, along with other necessities of life -- how to communicate, how to avoid being run over by a car, how to keep warm, and so forth. We have to make choices about what to eat from the time we're born, so it seems that being able to choose the foods that will keep us healthy is a kind of human right.

However, it hasn't been as simple as that. Nutrition education has some very big problems. I'm going to talk about three problem areas I have observed: isolation, an unrealistic approach, and a narrow definition of who its audience should be.

ISOLATION

Nutrition education, for some reason, has been isolated from all other kinds of education. People preparing to be school teachers very often do not learn about nutrition or how to teach it. They learn to teach children what are considered to be the necessary skills and knowledge to live a productive and happy life -- reading, math, science, history ... but not nutrition, even though we know it is important to provide children with useful information on how to make decisions on what to eat.

Teachers have told me that they are "afraid" to teach nutrition, that they "don't know enough about nutrition to teach it," or that they have so much they have to teach that they just can't fit nutrition in. I sympathize with their concerns. Someone should be helping to resolve this situation. But who?

UNREALISTIC APPROACH

Nutrition education is often unrealistic in its methods, its approach, and in its content. It is very often out of touch with the realities of the lives of the people it tries to educate.

Let me give you some examples. I have seen many dreary, one color nutrition education pamphlets in small print which have been used with people who cannot read very well or don't like to read or who aren't used to getting their information through reading. I have seen nutrition education materials for adult audiences with low literacy levels which are offensive in their simplistic, child-like approach. People who cannot read well are still adults, and do not necessarily conceptualize life the way children do!

All of us are used to the glossy "educational materials," better known as advertising, that industrial concerns can afford to create. Wordy pamphlets that do not involve the reader, or even turn off the reader, cannot compete with colorful mass media efforts. And yet, in the program I worked with nutrition education monies could not be spent on mass media nutrition messages.

Nutrition education often does not recognize or examine the day-to-day lives of the people it is trying to teach. It teaches nutrition in isolation, without looking to see if people have stoves or refrigerators that work. It doesn't check to see if there is enough food in the house or enough money to buy food or what kind of food a family likes to eat. It doesn't look at all the other aspects of life that can influence whether an individual or a family eats well -- a broken water heater, no indoor plumbing, high fuel bills, a family member with an alcohol problem, a mentally retarded mother who doesn't know how to feed her child but could learn, an elderly person who is afraid to walk to the grocery store. Many times I have sat in a training session with a group of nutrition aides and they have said to me as we discussed working with a family on nutrition education, "But we can't talk about food and nutrition yet! It would be ridiculous -- the family has so many other problems!" The nutrition aides are required to refer all non-nutrition problems to other agencies, but often the services needed are not available, or have to be fought for, or take a long time to obtain. The aides are encouraged, in the interests of a cost-benefit balance, to "drop" families who do not progress in the area of nutrition education, and yet, very often, the families they work with have many other kinds of problems which need to be solved first before the subject of nutrition can be broached.

Nutrition education has also lost touch with reality in the area of medicine, health and nutrition. When we trained nutrition aides we cautioned them that they were not trained dietitians, and therefore could not help people on special diets. And yet, in both rural and urban areas, diabetics, people with hypertension, and people who needed to lose large amounts of weight felt they had no place to turn to for help or information. An untrained paraprofessional cannot play that role, but someone should be there to provide the information and help which these people need. But who?

Nutrition education has lost touch with the many other kinds of people who need its help. In our State we had developed educational materials on infant feeding, but the national leadership of our program discouraged State efforts to work in that area of education. We were not supposed to work with groups of pre-school children, nor were we encouraged to work in schools, even though children in school were the best "captive" audience of all, and pre-schoolers were the most receptive and impressionable group we'd ever taught. We were discouraged from working with elderly people because our emphasis was supposed to be young homemakers with families. We were discouraged from working with other agencies' clients because we were supposed to reach the "unreached," and yet, every agency clamored for our help. They recognized the need for nutrition information, but could not provide that kind of service. The idea behind our program, of course, was to do a good job with one "target group," but who will meet the needs of all the others?

A final aspect of the dream world that nutrition education often lives in is its approach to children. Too many of the materials developed for them are only for verbal, school-loving readers. Too many are dull, wordy and colorless. Too many talk at children instead of involving them in learning experiences. In some programs I saw children spending hours learning to make the perfect cake, cookie or candy, when they also needed to learn how to choose nutritious food from a vending machine, how to buy good food at a store, how to make a snack or lunch for themselves or for their brothers and sisters, or how to watch T.V. advertisements with a critical eye. And, when I saw the nutrition education of children being limited by some teachers to learning what nutrients are and where they are found, nutrition education seemed futile as a stop gap against hours of television advertising of non-nutritious foods and the availability of poor food choices everywhere, even in the school cafeteria vending machines. I felt very discouraged when I realized that our national program leadership discouraged the use of food in the youth group meetings, since I knew from the nutrition aides and from my personal observations that a child's involvement with food was often the key to meaningful nutrition education and that the availability of a particular food was a message to a child which said: "This is what people should eat."

NARROW DEFINITION OF AUDIENCE

Nutrition education is too often geared to poor people only, as it was in our program. Everyone needs to learn about food! This narrow definition of the appropriate audience for nutrition education gives it a condescending and punitive edge. The assumption behind the teaching of nutrition can too easily become, "You are hungry because your are ignorant about what to eat, and that is the only reason. Until you learn what I think you should know about nutrition you will not be a good wife and mother."

Nutrition education blames people for being hungry or malnourished. It often refuses to recognize that lack of money in itself affects almost everything we do, including how much and what kind of food we eat.

Certainly we have some big problems to work on and no one solution can resolve everything. However, some actions which could move us in the right direction are:

--Encouraging colleges and universities to include nutrition as part of their education curriculum, and to present it in an interesting and meaningful way that gives teachers a broad view of what nutrition education can be.

--Taking a more reality-based approach to nutrition education, beginning with a wider use of funds for mass media campaigns that cut across educational and income lines.

--Developing new federal programs and reorienting present ones so that nutrition problems are viewed and handled as an integral part of people's total lives, which often can not be resolved through education alone.

--Creating new programs or expanding and reorienting existing ones so that nutrition education is available to all the people who want it and need it -- the elderly, pre-school children, mothers of infants who are not enrolled in the WIC program, people with nutrition-related health conditions, etc.

Until people can easily obtain the food they need, until nutrition education is for everyone, and until the agencies and the people who carry out nutrition education respect and are genuinely willing to meet the real needs of all people, nutrition education will fall short of being truly meaningful and effective.

Mr. BALDUS. I apologize for these delays. We do not like this either, but it is necessary to conduct committee hearings at the same time there is work going on on the floor.

But we thank you very much.

Our next witness is Ms. Barbara Ann Hughes from North Carolina's WIC program and the American Public Health Association.

We welcome you, Ms. Hughes.

STATEMENT OF BARBARA ANN HUGHES, DIETICIAN, FOOD AND NUTRITION SECTION, AMERICAN PUBLIC HEALTH ASSOCIATION

Ms. HUGHES. In the interest of time I think the two testimonies I have to give I will give the one for the Public Health Association and file the one from the State of North Carolina for the record, if that is all right.

Mr. BALDUS. Without objection, that will be made part of the record.

[The prepared statement referred to above appears on p. 151.]

Ms. HUGHES. Chairman Richmond, members of the subcommittee, thank you for the privilege of presenting these comments on nutrition education.

I am Barbara Ann Hughes, a registered dietician and head of the Public Health Nutrition and Dietary Health Services for the State of North Carolina.

I am a member of the food and nutrition section of the American Public Health Association—ALPHA—and represent that association in testimony before you today.

Prevention of nutritional problems has long been a concern of ALPHA. Resolutions passed by the association's governing council have noted the need for an explicit national food and nutrition policy.

A recent resolution on this issue recognizes the need to make nutritional counseling and education an integral part of a national food and nutrition policy and a component of all health care delivery programs.

A copy of this 1974 resolution is provided for your consideration.

Mr. BALDUS. Without objection, that will become part of the record.

[The resolution follows:]

Appendix I

Resolution Adopted by the Governing Council of the American Public Health Association

October 23, 1974

NATIONAL NUTRITION POLICY

WHEREAS, an adequate, safe food supply at reasonable cost should be available to meet the needs of all Americans, and

WHEREAS, there should be sufficient food reserves to meet emergency food needs in the United States and the world, and

WHEREAS, the public should have the necessary skills and understanding of nutrition to maintain and promote optimal health, and

WHEREAS, funds and resources are essential to support basic research, solve current problems, and fulfill manpower needs in nutrition and

WHEREAS, steps are needed to provide sufficient numbers of qualified regional nutritionists for assisting states and local communities in developing appropriate programs to resolve nutrition-related health problems, and

WHEREAS, recommendations to solve problems of food availability, world malnutrition, and delivery of nutrition health and education services were presented at hearings of the U.S. Senate Committee on Nutrition and Human Needs, June 1974, be it

RESOLVED, that the American Public Health Association strongly recommends that the Congress of the United States enact the necessary legislation and funding to establish an Office of Nutrition at a high level of government, and be it further

RESOLVED, that the Office of Nutrition implement a national nutrition policy with the guidance of an advisory committee comprised of professionals in nutritional science and public health nutrition, representatives fo the food industry, and representatives of consumer groups.

Ms. Hughes. Activities and contacts by our association and its affiliated State organizations have sought to bring this policy need to the attention of Federal, State, and local government.

APHA does not believe that the cause of good nutrition will be adequately advanced unless all the resources of the Government can be brought to bear on this issue. We cannot expect to counter the intensive advertising efforts of the food industry, to say nothing of supermarkets, without use of broader public health authority.

In addition to the active involvement and support of all levels of the Government, the support of the private and public sectors is crucial to the process of developing and implementing a national food and nutrition policy.

Although considerable discussion and several reports have appeared since the 1969 White House Conference on Food, Nutrition, and Health, we are still without a formalized policy, or a coordinative mechanism on the national level. Such a mechanism would help to insure the proper implementation and transfer of technical and scientific knowledge and research into programs of applied nutrition education—nutrition education programs resulting in a more motivated public which has the necessary informational resources to be healthier consumers and more accurately informed parents.

The American Public Health Association wishes to support expanded and improved national nutrition education efforts. Ultimately, these nutrition education activities will maintain and enhance the overall health of individuals in every income, ethnic and age group within our communities. Preliminary to any discussion of nutrition education on a national scale is the need for establishing an explicit national food and nutrition policy.

What then should be the role of Federal, State, or local community agencies in nutrition education? The association, with the advice of its Food and Nutrition Section, offers the following suggestions for consideration by the subcommittee.

One, nutrition education should be provided by qualified persons within the public and private school systems. We commend the Senate and House joint efforts in Senate bill 1420.

Two, nutrition education should be an integral part of all Government food programs such as: school lunch, food stamps, child nutrition programs, and, of course, we all know the recent work done to put nutrition education into the WIC program. That is a monumental effort toward nutrition education nationwide. Other programs are the feeding programs for the elderly, title 7.

Three, nutrition education should also be an integral part of all health care delivery systems, including prevention and treatment services.

Four, nutrition education programs should use all appropriate communication resources, such as TV, radio, labeling, packaging, et cetera, to achieve maximum behavioral impact on the nutrition related decisionmaking of consumers.

Five, nutrition education training should be given to professionals and paraprofessionals who deliver health and education services.

In addition, there should be continued funding to train food and nutrition specialists in broader aspects of health care.

Six, the possible integration of nutrition education programs with other related educational centers, such as Area Health Education Centers—AHEC's—should be explored on a pilot basis. We in North Carolina have been experiencing with the six AHEC's.

Seven, a coordinated "network of nutrition education planning" should be formed at Federal, State, and local levels, perhaps through integration with related health and education programs. A mechanism for payment of these coordination services should be established.

Eight, ongoing, objective, and scientifically designed evaluation of the effectiveness and efficiency of nutrition education efforts should be conducted. These program evaluations should seek to insure that program models proving most successful can be widely disseminated by a national clearinghouse.

Nine, continuing and increased investigation of motivational leverages is essential for changing nutrition related behavior and lifestyles by educational methods. This information will provide guidelines for educators.

For example, by what process does the family make decisions about food and nutrition, and how can this process be favorably influenced to improve overall family health?

In summary, APHA supports and applauds these hearings, and urges that nutrition education become an integral part of the many Federal, State, and local programs which impact on consumer wellbeing. Basic to all such nutrition education efforts, however, is the need for a publicly developed and formally stated national food and nutrition policy.

Mr. BALDUS. I thank you very much, Ms. Hughes, for your testimony. It was to the point. I am sure it will be useful to the committee.

We thank you.

[The prepared statement submitted by Ms. Hughes follows:]

TESTIMONY OF
BARBARA ANN HUGHES, M.S., R.D., M.P.H.
HEAD, NUTRITION AND DIETARY SERVICES BRANCH
AND
COORDINATOR, NORTH CAROLINA WIC PROGRAM
DIVISION OF HEALTH SERVICES
NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
RALEIGH, NORTH CAROLINA
HOUSE AGRICULTURE SUBCOMMITTEE ON
DOMESTIC/MARKETING, CONSUMER RELATIONS,
AND NUTRITION
SEPTEMBER 27, 1977

North Carolina State government has a departmentalized system composed of seventeen (17) departments, the largest being the Department of Human Resources. This department, composed of eight (8) divisions, one of which is the Division of Health Services, has a decentralized organization. It is composed of the Central and four Regional Offices. The Division of Health Services affiliates (coordinates) with eighty-seven (87) local (single or multi-county) health departments in one hundred (100) counties. This decentralization of health services is dependent upon the extent to which local health departments desire to receive State funds and cooperate in the implementation of programs.

The Nutrition and Dietary Services Branch was organized as a section in the mid-1930's and has been an integral part of Health Services. At the request of Governor Robert Scott, the North Carolina State Board of Health, now the Division of Health Services, conducted an intensive survey of the nutritional status of North Carolinians in 1970-1971, after being omitted from participation in the Ten-State Nutrition Survey. Results created an awareness of nutritional problems and renewed interest in nutrition services. I shall relate some of the ways North Carolina has been integrating, coordinating and improving Federal, State and local food assistance and nutrition support programs.

Upon receipt of the Survey Report from Dr. Jacob Koomen, State Health Director, Governor Scott indicated his great concern over the findings and pledged the support of his administration in the correction of the deficiencies disclosed. The Governor appointed a Task Force to study the findings of the Survey and charged this Task Force with developing concrete and specific recommendations for administration and/or legislative action designed to improve the nutritional status of our residents.

The Task Force was impressed with the number of food and nutrition organizations and interests within North Carolina. The multiplicity of food assistance and nutrition support programs, in their opinion, made it imperative to recommend a unit within state government for the coordination of present programs and to plan for future programs if progress and efficiency were to be realized.

The Task Force made seven (7) recommendations; one of which was the establishment of a full-time Office of Food and Nutrition, preferably within the North Carolina Department of Human Resources. The primary charge to this office would be to undertake the coordination within the state of all current and future programs related to food and nutrition.

Senate Joint Resolution 882, Resolution 112 was ratified in the North Carolina General Assembly of 1973 "authorizing and directing the Secretary of Human Resources to coordinate Nutrition Programs within State Government." The resolution which became effective July 1, 1973, outlined six (6) major responsibilities and established a Nutrition Advisory Committee. Dr. Elizabeth Koontz was appointed to coordinate an Office for Coordination of Nutrition Programs. There were no funds for grants and only a secretary for any implementation. Dr. Koontz stated that "All efforts were geared toward identifying those responsible for supplying nutrition needs in the broadest sense--food, services, training for personnel; identifying gaps in services; sources and resources for supplying those needs; innovative approaches to the problem of the public's lack of awareness in the realm of nutrition today and its relation to other concerns."

Dr. Koontz further related, "The Nutrition Advisory Committee appointed by the Governor in early 1974 was reluctant to make recommendations to the Secretary until certain documentation was available. Unfortunately, the kind of data being requested was not available since no on-going surveys had been supported and there were no funds with which to purchase such services deemed necessary to secure the data."

The chairman of the Advisory Committee and the coordinator were able to gain the support of the committee in requesting the Division of Facility Services to include in its Educational Loan Program the availability of funds for North Carolinians for Master's degree studies. The Division of Mental Health also now provides loan funds, with service commitments, to employees studying to become dietitians.

The Nutrition Advisory Committee determined that the task of coordination demanded an inventory of state food assistance and nutrition support programs and on February 12, 1975, asked the Institute of Nutrition of the University of North Carolina to conduct such a survey and compile an inventory. An initial inventory from the field and a final report, the State of North Carolina Nutrition Program Inventory: Final Report, October 31, 1975, was printed and distributed through the Nutrition and Dietary Services Branch (office of speaker). The inventory is not complete, but it is the best available. It is a unique resource and may make a positive and lasting contribution toward the goal of effectively improving, coordinating and implementing nutrition programs in the state of North Carolina.

As of June 30, 1975, the appropriation for the coordination of nutrition programs was discontinued. The projects and efforts in progress were continued since the role of coordinator was to stimulate others with program responsibilities to assume a greater responsibility alone or in cooperation with others. Dr. Koontz believes the effort to influence agencies and institutions to see their responsibility in a broader context was achieved.

A number of projects and plans were instigated by Dr. Koontz. The extent to which these were continued became the responsibility of each unit of government or university system.

On or about October 1, 1975, the responsibility for the coordination of all nutrition programs in State government was delegated by the Secretary of Human Resources to the Division of Health Services. The Secretary, in a letter to the Director of the Division of Health Services, praised the "...excellent nutrition program in Health Services..." under the direction of this speaker; however, no funds were appropriated by the State General Assembly or allocated by the Secretary for this responsibility.

With the advent of a new State government administration in January 1977 and a new Secretary of the Department of Human Resources, there is renewed hope for the rejuvenation of the Governor's Nutrition Advisory Committee.

Food assistance, Nutrition support and education programs are presently scattered throughout State government and can be found in the Department of Administration, Agriculture, Corrections, Public Instruction, University of North Carolina System, and the Office of the Attorney General (See the attached for a complete listing of programs by departments.) Each of these State departments administer the programs for which they are responsible with direct guidance from a Federal agency, primarily HEW and USDA. When this speaker has been requested to obtain timely data for inclusion in several documents and/or speeches, each separate agency had to be contacted.

There is great need for an office on nutrition at the Federal, State, and local levels of government. The general public is clamoring for nutrition information, and this speaker believes they have a right to correct scientific information.

The Nutrition and Dietary Services Branch is composed of eight (8) regional nutrition and dietary consultants, three (3) demonstration project nutritionist (assigned to one county each), two (2) central office nutrition specialists, two (2) program managers, and three (3) clerk-typists in addition to the Branch Head. The Branch has a budget of $256,669.00 per year and administers the State WIC program (averaging $12 million per year) and a Title XX contract for $240,000. (These total approximately $12,500,760.)

We have made it our business to work closely with local health directors in the recruitment of local nutritionists and in offering advice about combining funds from several programs to fund a nutritionist/dietitian position. There are now fifty-two (52) local nutritionist/dietitians, fifteen (15) health home economists and three (3) nutrition trainees. The majority of these are being funded through the HEW Nutrition Support Programs for Mothers and Children and the USDA Special Supplemental Feeding Program for Women, Infants and Children.

These local nutritionists must spend their time serving persons in their categorically funded programs. In the few health departments supporting their own nutritionists, nutrition services can be given to all persons. For example, requests come from Child Health, Family Planning,Orthopedic, Prenatal, Hypertension screening and Neurology Clinics in the local agency. Referrals from outside the health department come from private physicians, the Department of Social Services, Head Start Programs, Title VII Nutrition Programs, Vocational Rehabilitation, the Community Action Agency, Extension

Home Economists, Developmental Evaluation Centers, schools and other types of institutions. As a step towards coordination, this speaker recommends that all Federal Nutrition Support Programs be coordinated at the Federal level and thus not tie the nutritionist/dietitian's time to categorical program recipients.

Compliments must be given to the Food and Nutrition Service and Extension Service of USDA, the Bureau of Community Health Services and Indian Health Services PHS, DHEW for the publication of a Federal Agency statement "Nutrition Education and the Special Supplemental Food Program for Women, Infants and Children (WIC). The purpose of this statement was "to strengthen working relationships among Federal agencies and their regional, State and local counterparts in implementing the nutrition component of the WIC Program.

The speaker strongly urges the publication of a similar Federal agency statement regarding nutrition education in the USDA Extension Service and, in particular, the Expanded Food and Nutrition Program with all other nutrition education efforts. The Association of State and Territorial Public Health Nutrition Directors, of which the speaker is president, has held two (2) conferences on Nutrition Education Outreach with representatives from DHEW and the Extension Service. It was learned that some states have written agreements specifying working relationships. North Carolina has not found the necessity to write such an agreement.

Local public health nutritionists/dietitians and county extension services mutually support each other's food and nutrition education programs within the community.

Local nutritionists have established a referral system with other agencies such as the Extension Service, Social Services, Public Instruction, and

Day Care or Head Start. This is an effort to coordinate programs providing food or food assistance to individuals. Coordination is easier at the local level. The speaker recommends that Federal regulations and/or guidelines for all food assistance and nutrition education programs include a mandate to coordinate, with written plans required of states, outlining the method of coordination.

Until this summer, the WIC program was the only nutrition program for children which had a nutrition education component. Congress is to be commended for passage of S-1420. The bill establishes a nutrition education component as part of child nutrition programs, among other revisions.

We look to the day when the food stamp program recipients will have the opportunity to receive nutrition education. Another example of cooperative efforts between state agencies is the publication of an instructor's manual for use in a basic foods and nutrition course for food stamp recipients. Participants receive course credit through the Community College System. The Nutrition and Dietary Services Branch and Extension Service's food and nutritionist staff working together wrote the lesson outlines.

The Nutrition and Dietary Services Branch has a unique contract with the Division of Social Services to provide nutrition support services to Title XX eligible recipients through subcontracts to local health departments. Title XX funds earned by the local health departments must be used to expand nutrition services to additional population groups and to expand personnel available to supply the service. This third-party reimbursement mechanism demands the cooperation of local social services and health department staffs for certification and service process. Nutrition education services by the WIC Program and through Title XX support each other and permit local nutritionists to provide a more comprehensive nutrition program.

The first six (6) local WIC programs in North Carolina were funded in the last days of 1973. Today programs are operating in fifty (50) of the one hundred (100) counties. We have doubled the participant population in the past six months. The current monthly participation rate averages 93 per cent of 48,000 certified recipients. We have about twelve (12) applications pending the receipt of additional funds. This program has been integrated into the prenatal and child health clinics. There is a qualified nutritionist/dietitian in each of the twenty-six (26) programs, a state program decision. Referrals are made and received by every conceivable community agency.

The need was identified for the development of two (2) sound-slide education series for use in introducing the program to community groups, clinic patients, and in nutrition education. We sought and received a grant from a pharmaceutical company so that a contract with a commercial firm could be signed for the purpose of making the slides and tapes. The State WIC nutrition consultants wrote the script. The pharmaceutical company is duplicating the slides for each local project and will make sets available to all state and local WIC Programs upon request. (This is an example of the use of commercial, technological, and artistic resources in both the public and private sectors to convey concise, practical and acceptable nutritional messages.)

SUMMARY

We believe you will agree that the state of North Carolina has been and is coordinating and integrating nutrition programs. The national dietary goals point out the need for nutrition education at all levels and stages of life for all persons. The school system may be the most functional and productive site. We do need continuous nutrition education linked to community agencies, mass media, adult education, industry, etc. Perhaps the leadership for such an effort for coordination and efficiency should come from a central state office, adequately funded and with a clearly defined mission.

Our greatest need is not only full coordination of programs and services but for a statewide nutrition surveillance system to monitor the health and nutritional status of individuals, regardless of age or economic status.

This speaker wishes to reiterate the following recommendations:

1. That all Federal Nutrition Support Programs be coordinated at the Federal agency level and thus not tie the local nutritionist/dietitian's time to categorical program recipients.
2. That a coordinated Federal agency statement be published which contains guidelines for nutrition education in the USDA Extension Service and, in particular, the Expanded Food and Nutrition Program, with all other nutrition education efforts.
3. That Federal regulations and/or guidelines for all food assistance and nutrition education programs include a mandate to coordinate, with written plans required of states, outlining the method of coordination.
4. That Federal funds for coordination of food assistance and nutrition support programs be clearly identified to facilitate establishment of a statewide nutrition surveillance system.

FEDERAL FOOD ASSISTANCE
AND
NUTRITION SUPPORT PROGRAMS
IN NORTH CAROLINA

DEPARTMENT	PROGRAMS
Administration	A.R.C. Child Development Project Day Care Licensing Head Start
Agriculture	Commodity Food Distribution Program Supplemental Feeding Program
Corrections	(Have a registered dietitian as food service director)
Human Resources	
Division of Facility Services	Survey activity as required by Medicare and Medicaid
Division of Health Services	Children and Youth Project Chronic Disease Programs as Diabetes Home Health Hypertension Renal

DEPARTMENT	PROGRAMS
Division of Health Services (continued)	Crippled Children
	Dental Health
	Developmental Evaluation Centers
	Family Planning
	Improved Pregnancy Outcome
	Maternal and Infant Care Project
	Nutrition and WIC
	Perinatal Care
Division of Mental Health	Food service to 4 mental hospitals, 4 M.R. Centers, 3 Alcoholic Rehab Centers, Nutrition Component of Day Care
Division of Social Services	Adult Services
	Family and Children Services
	Food Stamp Program
	Homemaker Services
Office on Aging	Title III and VII of the Older Americans Act
Department of Human Resources	Title XX of the Social Security Act
Secretary's Office	Health Support Services
	Meals-on-Wheels
Natural & Economic Resources	Community Services Administration

DEPARTMENT	PROGRAMS
Public Instruction	Child Care Food National School Lunch Non-food Assistance School Breakfast Special Milk and Non-food Assistance (Program for Children) Summer Feeding
University of N. C. System	Extension Services Home Economics Nutrition The Expanded Food and Nutrition Program Food and Nutrition Training Programs on several campuses The Institute of Nutrition
Office of the Attorney General	Office of Consumer Affairs

Mr. BALDUS. Our next witnesses comprise a panel. We have Ms. Barbara Schick, American Association of University Women; Ms. Sue Kappeler, Virginia Citizens Consumer Council; Ms. Amy Jacoby, Maryland Citizens Consumer Council; and Ms. Ruth Desmond, Federation of Homemakers.

Ms. Schick?

STATEMENT OF BARBARA A. SCHICK, PROFESSOR OF NUTRITION, REPRESENTING THE AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

Ms. SCHICK. I am pleased to be invited to your committee to give testimony because I wholeheartedly support nutrition as an important consumer issue.

I do this as a professor of nutrition and on behalf of the American Association of University Women. AAUW is an organization of college and university graduates with about 190,000 members who belong to over 1,865 branches—the grassroots unit—in as many communities in the 50 States, the District of Columbia, Puerto Rico, and Guam.

There are three main reasons why I ask your support for nutrition education. The first reason concerns the decline in the quality of the American diet. The second is on account of an unusually high interest express in nutrition issues right now, at least by college women, and the third speaks to the difficulty on the part of the public in finding and using reliable nutrition information.

First of all, I know you are aware of the major changes that have occurred in the American diet in this century. The last USDA food consumption survey in 1965–66 indicated a decline in the quality of American diets.

When consumption statistics were measured against the recommended dietary allowances, only 50 percent of all diets were rated good in 1965 while a decade earlier 60 percent were so rated. This decline in quality occurred at a time when incomes were rising, the food supply was generous, and presumably we were informed about nutrition.

There were good and poor diets at all levels of income, indicating that a given income per se does not assure knowledge about good nutrition. These changes strongly suggest the need for nutrition education. If the need is obvious, ought not the education be provided? Can a negative trend be effectively reversed without proper education?

The second reason is the evidence that the time is ripe for nutrition education. People everywhere are tuned in to this subject. They care about better food habits. They are showing increased interest in and concern about food supplies, stretching their incomes for good food, and the nutritional needs for good health.

For example, at Clarke College in Dubuque, Iowa, the private college where I teach, 7 years ago I introduced a course in basic nutrition into our college curriculum. It was intended primarily for nonmajors. That year six students took the course.

Last spring, by contrast, 46 students were enrolled. When they were asked on an evaluation form at the end of the term why they had taken the course, more than two-thirds said, "Because I wanted to know more about nutrition."

Further evidence of this interest is shown by the fact that as a national organization, AAUW, through its process of every member input, chose to develop a study and action topic which we have called, "The Politics of Food." This is one of three topics being implemented during the 1977–79 biennium and its goal is to develop input into a national food policy.

The enormous complexity of the topic led the national topic committee to subdivide it into six major issue areas:

One, the environmental impact on food production; two, adequate nutrition for America and for the world; three, from farm to table: production and distribution; four, multinational corporations and food; five, U.S. foreign policy and food; and, six, the domestic right to food.

All six major issues have many consumer ramifications. Because I am on the national AAUW Topic Committee for the food topic, I have been invited to numerous branch-level meetings to speak on nutrition-related issues. Women in the community are showing an outstanding interest in the topic. They ask marvelous questions such as:

Will our food supply continue to be good? What about additives—are they safe? What are the health risks of the American diet? What can we do to get better labeling of foods? Who can we believe when we read or hear conflicting reports about what we should eat?

Younger people are concerned about the ecological issues related to food, for example, the problem of pesticides, our land-use policies, or the health risk of highly refined, overly processed food. They become devotees of "health foods" or "vegetarian diets" sometimes without actually knowing enough about nutrition to do so safely.

Where do people turn for more information when they become interested in nutrition? I consider it a scandal that nutrition education in elementary schools is scanty and inadequate, and nutrition is seldom taught in high schools except for home economics classes.

As far as I know, there is no State in this Nation that requires elementary teachers to take a course in nutrition to qualify for a teaching license. Is it any wonder that people do not know where to go for information?

Many of them go to the "health food" store or the nearest paperback bookstand. Often they cannot discriminate between true and half-truths presented in convincingly written materials. It does not occur to some people that everything that is published is not necessarily reliable or true. This is especially the case if they are looking for an easy way to lose weight or to cure cancer or to relieve the symptoms of arthritis.

And so self-proclaimed nutrition experts are lining their pockets as masses of people buy their books, their diet regimes, or their nutrition products. The least harm this does is to deflate the wallets of millions of people who spend money on relatively harmless but equally worthless nutrition information or products. The greatest tragedy is that many ignore reliable advice and become their own or their neighbor's physician. In all too many cases, putting off proper medical diagnosis and treatment means no hope of recovery.

I believe that it is time both the professionals and the Government capitalized on the tremendous interest in and awareness of nutrition and began to take seriously our joint responsibility and opportunity to provide sound nutrition information to the public.

I am convinced that large numbers of people are looking for this kind of help and whatever we allocate to provide it will be repaid many times over in the prevention of some of the unhealthy conditions that are on the increase in this country and that are apparently, in part, at least, linked to improper nutrition and diet. I refer to the increasing incidence of heart attack, stroke, diabetes, obesity, and others.

You have a marvelous list up there on chart 1.

Nutrition education is the current frontier for nutrition specialists. We must give the information that the consumer is expecting us to provide in language that is easy to understand. The support of our Government will do much to encourage the professional to move further in this direction.

Thank you very much.

Mr. BALDUS. I want to thank you, Ms. Schick.

Do each of you have testimony? I only have copies of Ms. Schick's testimony, but you may proceed.

Ms. Kappeler?

[The statements follow:]

STATEMENT
OF
SUSAN KAPPELER

Representing the Virginia Citizens
Consumer Council

before

the

COMMITTEE ON AGRICULTURE

September 27, 1977

Mr. Chairman and Members of the Committee:

The Virginia Citizens Consumer Council appreciates this opportunity to present before you today our comments concerning what role the federal government should play in the nutritional education of the American people.

As background to these comments, I would like to state that VCCC has been Virginia's only statewide, totally volunteer consumer organization for the past 11 years. We are non-profit, non-partisan, and non-political. Our work is mainly funded by our $7 a year family membership dues.

My name is Susan Kappeler, I am a housewife, and I represent VCCC as the Council's volunteer Food and Nutrition Chairman.

Our comments today center on the public confusion surrounding the mass of conflicting nutritional information being generated by various government agencies, private organizations, as well as individuals, and the fact that the American people desperately need an unbiased source for such information.

We also have some basic recommendations as to how the federal government can aid the public in this dilemma.

VCCC feels that the battle of opinions over the Senate Select Committee's Dietary Goals for the United States best exemplifies the public's plight as to just what, or who to believe concerning nutrition. Unless future nutrition research can receive a broader base of support from our nutritionists and medical community, how can the average citizen be expected to believe and respond to such important information? As long as personal or corporate gain from mass public ignorance is allowed to manipulate or color nutrition research results, and nutrition education is not utilized as a preventative means against possible health problems, the American people will remain not only confused, but at the mercy of such interests.

Being a grassroots citizens organization, VCCC has been in a position to see some of the public confusion surrounding nutrition first hand, for consumer groups are frequently placed in the position of being a public contact for unbiased information about food. The general public no longer knows what they are eating, much less who to believe concerning food and nutrition issues, so many turn to consumer groups, knowing they have no vested interest in any food product or diet method.

There was a time when people grew their own food and generally understood what they were eating, but since the 1940's food fabrication and technology have gradually overtaken us. Today the public has lost touch with the basics of food, and our common sense gnaws at us when we hear such shocking statements as 6 of the 10 ways we die in this land of plenty can be directly related to our diet. To millions of us such statements ring true, yet we lack the knowledge of how to alter what we are doing to ourselves and our families.

In 1968, we were declared a nation of "nutritional illiterates" by experts attending a White House conference on food. If this is true, and we have cause to believe it is, then VCCC feels this predicament has been at least partially created out of lack of concern for nutriton on the public's part, which in turn we believe to be the orchestrated results of our being manipulated and lulled into disinterest by industries and institutions with a vested interest in such mass ignorance.

The Federal Trade Commission has stated "food advertising as a whole has tended to blunt public awareness of the health significance of food choices and has encouraged patterns of consumption which are contributing to a decline in the nutritional status of major segments of thepopulation." [1]

For years VCCC has watched the public be bombarded by ridiculous diets, and outrageous, if not unsafe theories on nutrition and health. The mere fact that Americans spend over $10 billion annually on diet and reducing aids indicates how gullible we are, and how ignorant we can be about the care and maintenance of our own bodies.

It is time for the federal government to set the tone for what is acceptable in the name of nutrition in America, as well as establishing formal federal programs promoting nutritional information that can be understood and utilized by the general public. Up until now, Americans have been conditioned to depend on the USRDA's, the "basic four" food groups, and after-the-fact health care measures to rectify nutrition related diseases, and this dependence cost us in access of $30 billion annually. This is so needless, for after all the years we have funneled millions of tax dollars into nutrition research and development, surely we must have some nutrition-oriented, preventative health care methods that could be made available in the form of basic guidelines for public use.

At present, we find government food and nutrition policies to be both confusing and contradictory. The Senate Select Committee on Nutrition puts out the Dietary Goals for America, outlining our nutritional deficiencies, and linking much of the degenerative disease in this country to our diet laden with salt, sugar and saturated fat. Meanwhile, the United States Department of Agriculture with a $64 million budget for nutritional education is pushing "Prime" beef and pharses such as 'all food is good food', and the Congress is bolstering sugar supports. This is crazy!!

Unless the fedral government can get its house in order, establishing priorities as to what is important and beneficial to the majority of the people they govern, instead of special interest groups that undermine our national health, there is no alternative for us but to remain confused and ill-informed on diet and health related issues. Probably the most important issue concerning any involvement the government has in the nutritional education of the American people centers on the Congress making such a decision first, for only then can the information being released be believed and accepted as the truth by the public.

Presently the federal government has the capability to tackle and administer the responsibilities involved in such a far-reaching and truly important area of our lives, for the government already has the budget and manpower to support such an effort scattered between 30 existing agencies and departments. These could be consolidated into a research and testing and informational force with the ability to speak with one voice to a people needing nutritional guidance.

It is too late for America's adults to return to school to pick up on the dietary information most of us need to be able to function in an informed capacity when buying and serving foods. Most people are too consumed in daily living to make thoughts about nutrition a large part of their lives, so most go about making food choices and basing our diets on convenience, established family food patterns, advertising claims, old wives-tales --- and just plain ignorance.

For millions of us; our only hope to learn and benefit from nutritional information, is to be able to depend on a believe-able, unbiased source to guide us, plus help equalize the over-whelming amount of conditioning we are presently receiving in the market place to buy without knowing or caring what it is we are eating.

In 1975, a GAO study stated that "poor food choices among Americans can be attributed in part to a lack of nutritional information on food labels". [2]

A recent FDA study says 51% of food shoppers are uninformed on the basics of nutrition, and that many others can't apply their knowledge because of inadequate labeling.

Such facts make us believe that one of the quickest, if not most effective ways to make nutritional information available and useable to the public, is through full ingredient and nutritional labeling of all food products which are altered in any way from their original, natural form. The use of graphic labeling of nutrients on all such food products, similar to what has been pioneered in some European countries, would be most beneficial to American consumers.

But government interest and involvement in nutritional education must go beyond nutritional labeling, for such an aid to the consumer could also prove to be confusing or deceptive if nutrition fortification is arbitarily allowed for "fun foods", as a means of passing such foods off as the nutritional equivalent of traditional, natural, farm foods. A product bolstered by a spraying of vitamins in an effort to 'out nutrition' competitors must be portrayed accurately through labeling as to what it supplies towards a well balanced diet, as well as what it lacks, such as trace minerals, fiber, etc.compared to its traditionally accepted food counterpart.

Only when the public can compare foods, and understand what they gain and what they lose in their food choices will they have the opportunity to become aware shoppers, capable of making good dietary decissions. Without such labeling and information, ~~the people~~ we shall remain dependent on other forces to make such important decissions involving our lives for us.

Another effective means to foster increased nutritonal interest and awareness could be the stepped up use of public service announcements on both radio and T.V. programs by the government. Most consumers,say they receive their information on products and services through such sources. The government should take more advantage of this painless learning medium.

Unless America is to continue traveling the present road of national nutritional ignorance,we must provide our children with the background and understanding we adults lack.

Nutrition education should be mandatory as part of the school curriculum from Kindergarten right through 12th grade. As it stands now, our public school system either ignores nutrition education, as is often the case in our medical schools, or it is limited to our elementary schools with the edusctional material often consisting of glossy ad messages from specific food industries. Our children deserve better. We should be able to provide them with the latest independent nutritional research results, and information unbiased by food industry interests. Only by providing such material can we assure our children of a better understanding of how food relates to health, how to make good life-long choices where food and diet are concerned, and the knowledge of how to best care for their bodies throughout life.

For too long Americans have allowed themselves the seeming luxury of depending on someone else to take care of how we think and feel about what we eat. This luxury has led to increased death and disease due to degenerative causes, most of which apparently relate to our diet.

The people have recently demonstrated their interest in reassuming some personal responsibility for the way they eat, for statistics on the significant drop in heart ailments has clearly shown that people will respond to nutritional theories they can believe in.

Norway and Sweden have clearly demonstrated on a national scale how nutrition relates to quality of life and the degenerative causes of death, and how coordinated government research and nutritional information programs can greatly benefit the people. VCCC hopes our government will provide her people with similar benefits by becoming America's source of believeable, unbiased nutritional information and education. We also ask that you not make us wait too long, doing more research and collecting more statistics over endless years to come. For too many American lives are touched by disease and death from nutritional causes and such a price is far to high to wait for basic guidance.

Reference Notes

1 GAO Food and Agriculture Issues for Planning, C-E-D-77-61, April 22, 1977

2 GAO Update, August, 1977

Mr. Baldus. Thank you, Ms. Kappeler. Our next witness is Amy Jacoby.

STATEMENT OF AMY JACOBY

TESTIMONY ON NUTRITION EDUCATION
PRESENTED BEFORE THE HOUSE SUB COMMITTEE ON DOMESTIC MARKETING,
CONSUMER RELATIONS, AND NUTRITION
U.S. HOUSE OF REPRESENTATIVES, COMMITTEE ON AGRICULTURE
September 27, 1977

Thank you for inviting our organization to participate in today's hearings. I am representing the Maryland Citizens Consumer Council. Just in case you are unfamiliar with our group, we are a nonprofit, nonpartisan, volunteer organization of consumers and the only statewide consumer organization in Maryland.

My name is Amy Jacoby, I am a member of MCCC - I am a consumer. By this I mean, I dodge grocery carts - I search for unit price stickers - I read ingredient labels and wish I had a degree in food technology, so I could feel confident that my grocery cart holds the most healthful foods for my dollars. This is why I am here today.

It is my understanding that there are thirty separate nutrition education programs currently being administered by numerous governmental agencies. I am impressed by the number, but I am also confused. With so many programs, I would expect that through my daily activities, I would have tripped over a couple - even accidentally. Perhaps I have, without realizing it. But, if the bulk of these programs are geared for the public, I would have to conclude that either I'm in the wrong place, or they are. Since I have no desire to incriminate anyone, I will conveniently skirt the issue, and instead, focus on identifying several areas where I believe consumers need and would like to find some of this elusive nutrition information.

Before diving into specifics, I think it's important to reaffirm that the necessity for nutrition education is real and is not likely to diminish, so I would just like to call to mind a few pertinent facts:

1. The number of women entering and returning to the job market is increasing.

Some of the possible consequences of this trend are that:

> Women have less time to spend in the supermarket. That means less time to read complicated labels, compare products and seek answers to questions they might have, also
>
> The number of meals eaten away from home increases. This is an important consideration given the fact that so many of us eat in fast food restaurants which specialize in high fat, low fiber foods.

A second consideration is that:

A major change has occurred in the nature of our food supply. With our highly developed technology, the contents of what appears to be a can of orange juice, may not necessarily come from the round fruit found on trees. If current trends continue, our food supply will become increasingly diluted with chemical ingredients, carrying mysterious names and equally mysterious origins. These changes may or may not be in the best health interests of the consumer, but in any event it adds to the confusion.

Although I am undoubtedly oversimplifying the situation, the fact remains that control over our own diets is being eroded through various social and technological forces. Consequently, any proposals for nutrition education programs must reflect the changes in our lifestyles.

Bearing these facts in mind, I will now turn my attention to the channels where I believe consumers are currently receiving nutrition education, or as is often the case, pseudo-nutritional information.

One of the most visible instruments of education is of course, television. Individuals, such as Robert Choate, have already documented the impact of this medium far more eloquently than I, but I feel it's important to underscore the fact that advertising plays a powerful and frequently corrosive role in influencing our diets. We cannot possibly expect to counteract the incomplete nutritional information presented in commercials, by asking people to send nickels and dimes to Pueblo, Colorado, so that six weeks later they can receive a notice saying the government pamphlet they sent for on "Nutrition and Your Family" is currently out of stock. This is often the extent of people's contact with government information programs. We don't fight forest fires with a glass of water, yet this seems to be our policy with nutrition education.

Business has recognized the advantages of TV advertising - a good campaign can capture the public's imagination. We *all* know what goes plop-plop, fizz-fizz! Isn't it ironic that although we have a plethora of ads telling us what to take *after* we eat all the wrong foods, there is precious little information on the world of foods that lies beyond McDonald's golden arches. I would like to know why. I realize TV advertising is expensive, but the costs of improper nutrition for our nation are even steeper. I also realize that government can't get into the business of product endorsement, but is asking for the facts too much to expect?

Some companies have already caught on to the idea that facts can be a useful promotion technique. Bayer pokes holes in Tylenol claims and Mennen speed stick ads illustrate how many cans of spray deodorant you'd go through before using up their product. Surely we could be shown the differences between such things as, the sugar content of natural orange juice vs orange flavored powders and orange drinks. General Foods doesn't mind having Florence Henderson tell us about the high Vitamin C content of Tang, *but that's not the whole picture* and if I didn't have some nutrition courses under my belt, I might be sitting here extolling the virtues of the modern technology that has provided me with this wonder drink. But it just so happens that I *do* know and I resent being told partial truths.

The danger in much of today's advertising lies in what is not said. A trusting consumer might easily be misled. Although we cannot effectively outlaw the unspoken word, we do have a responsibility to *inform* the consumer. If a company chooses to pursue a certain style of advertising, that is their marketing decision, assuming of course, they meet existing government regulations). But at this point, it would behoove us to develop some kind of information intervention program.

If we are ever going to succeed at putting out our nutritional "forest fires," we need financial support which will allow us equal time to fill in the gaps left from advertisements. This money could be made available to consumer groups in the form of 30 or 60 second informative advertising spots. Fairplay in the marketplace requires that the buyer have available enough information to make an intelligent decision. Let us use the potent medium of television to present a total picture.

Having now mentioned the word marketplace, it paves the way for discussion on another source of nutrition education - our vast network of supermarkets. Today's grocery stores are a kaleidoscope of promotions and products. The variety of items offered is truly a mixed blessing. As a shopper, I am always looking for foods that provide good nutritional value for my dollar, but with so many products to choose from, comparison shopping is not a luxury it is a necessity. Therefore, I need and expect nutrition information that is clear and understandable.

Under present circumstances, it must be incredibly frustrating for those many Americans who must restrict their intake of certain foods, to cope with the patchy information that is available. The use of standards of identity further complicates the situation. I do not have any food allergies, nor am I on any kind of special diet, but I am concerned about the foods I eat.

If a determined consumer wishes to be informed about the entire contents of their meal, they have the privilege of calling the FDA to request the standard of identity of the product in question. But of course, once you've received it, you'll need someone to interpret the information for you.

The other alternative is to write the company that manufactures the item and hope they take the time to respond to your inquiry (pity the poor person who has a number of diet related problems). This is not an impossible task to undertake, if you have the time and level of education it requires, but the fact is, sophisticated shoppers aren't the only ones who want to know what they eat. We average Americans would also like to be informed. I don't believe it is necessary to put consumers through such an ordeal in order to answer the simple question, "what is in my food?" Nor do I think it's right that government continue to be party to this guessing game by exempting foods from ingredient labeling if they have established a standard of identity.

As marketing studies will bear out, many purchase decisions are not made until the consumer is in the store (the extent of eye-catching promotions testifies to the marketer's belief in impulse buying). Yet, once a consumer enters a supermarket, the information system previously described, falls apart. Writing letters will not do any good when you need to know the ingredients of an item you want to purchase, right then and there. ~~I am~~ I'm flexible and willing to try new products, but in order to make my decision, I need facts at the point of purchase.

Unit pricing helps ~~you~~ me compare prices, but it cannot provide the information required to compare the quality of seemingly similar products. For example, let's say I am interested in purchasing a can of beef stew; I read the ingredient label and discover that both cans in question list beef as their second ingredient. Fine. But, unit pricing tells me there is a 20¢ difference in price between the two. Now is the reason for this difference due to the fact that one product contains 20% beef and the other only 16%, or are they both identical and the price difference due only to the fact that one can is a national brand and the company believes they can command the price because of their name? It makes a difference. Under current circumstances there is no way I can determine this within the store; I can only guess and hope that my dinner will remotely resemble the enticing photo on the can.

When you're dealing with an item such as cold cereals, where there are so many varieties to choose from, the situation is even more bewildering. I happen to be a graduate student in Consumer Studies, at the University of Maryland and as part of a class project, a fellow graduate student and I surveyed the cold cereal aisle of one local grocery chain store. To our amazement, we discovered that 44 of the 61 cereals listed sugar as the first or second ingredient. I wanted to know more, but again, without percentage ingredient labeling, I had no accurate tool for weeding out a "candy cereal that has been fortified to the hilt, from a less sugared one.

In a discussion of the problem, Sidney Margolius, a nationally recognized expert on consumer problems, stated the following:

> The lack of this basic information is a noticeable and even blatant denial of the consumer's right to know and a regression from the standard weights and measures that for centuries have put transactions between unknowing buyers and knowing sellers on a mutually trustworthy and dependable basis. 1

I find industry's response to this issue quite interesting. Have you read a cereal box lately? Certain brands now have a panel that provides a breakdown of carbohydrates found in the cereal, stated in grams. Funny thing, the U. S. R.D.A. is listed in percentages, the serving size by ounces. Do you know how many grams are in an ounce? I don't (I'm waiting for metrication!). It might help if Kellogg's included a conversion table in each box instead of a toy. Unfortunately, when facts are presented in such a circuitous manner, they are not very useful. Industry can then say "we told you so, consumers just don't use the information they are given."

Unquestionably, consumers need information at the point of purchase. The possible solutions for meeting this demand are numerous and they need not work against the interests of business. Giant Food's Consumer Information Centers are an excellent example of one company's willingness to assist shoppers. Shoppers can fill out comment cards and pick up educational pamphlets on a variety of subjects - I have even seen FDA materials there. Coordination between government and business makes sense and this is certainly a step in the right direction. Is it possible to provide some incentives to further promote such efforts?

Ideally, it would be nice to have trained individuals available ~~at consumer information centers~~ to assist shoppers. This approach is of course, the most direct

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[1] Proposed statement For Percentage Ingredient Label Committee; Drafted by Sidney Margolius, for Giant Food, Inc., 6/2/76

means of reaching people. In 1970, Hunt-Wesson in conjunction with the USDA, developed a Nutritional Assistance Program for Ralphs Grocery Stores in Watts.[2] They found the use ofShopper's Guides was an effective means for dispensing information and discovering the needs of consumers. I believe Cooperative Extension has an Expanded Food and Nutrition Education Program that utilizes nutrition aides; perhaps these individuals, along with other trained extension staff could visit supermarkets as part of their outreach efforts.

Another possibility that merits further study, would be developing a nutrition "Hot-Line". Consumers could then phone in their questions to central information centers. The potential benefits of such a system are numerous:

1. It could serve the needs of special population groups.

For instance,

Shoppers with visual disabilities would be able to receive assistance

Spanish speaking Americans could be served by having a bilingual specialist available.

And

Individuals with allergies, or those on special diets could obtain the specific information they needed without having to go to several different sources.

Another benefit could be the

2. Centralization of nutrition information and education resources, ~~could result.~~

By increasing the visibility of government nutrition education programs, consumers would know where to take their questions, thus eliminating a good bit of frustration.

Also

Individuals who are eligible for other services could be identified and referred to the appropriate programs. This would promote more efficient use of resources and greater coordination between governmental agencies.

Also

Government and business would be provided with an excellent feedback mechanism. By monitoring the questions asked, we could determine where information gaps exist and develop future programs accordingly.

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[2] Nutritional Assistance Program for the Culturally Deprived Hunt-Wesson Food, Inc.

As a final plea, let us keep in mind the role our school feeding programs play in nutrition education. I recently spoke with the principal of a school located in one of Brooklyn's economically depressed areas. This past summer, some of his students participated in The Urban Gardening Program. As a result of their efforts, a barren lot blossomed into a field of fruits and vegetables. He and his students were delighted. The idea is a sound one, but unless these same values we are trying to teach outdoors are carried over into the lunchroom, the project will have a limited educational impact. What kind of messages are we really conveying, if we have fresh fruits out in the garden and prepackaged, artifically colored fruit flavor pies in the cafeteria?

I believe the fundamental question we are wrestling with today is: To what extent are we truly committed to the consumer's right to be informed? Business, government and consumers must arrive at some mutually agreeable standards concerning the interpretation of this right. Organizations such as Maryland Citizens Consumer Council are anxious to participate in a productive dialogue. These hearings mark a promising beginning.

Mr. Baldus. Thank you.

Ms. Desmond, we will ask you now to proceed.

STATEMENT
of
FEDERATION OF HOMEMAKERS, INC.
P. O. Box 5571
Arlington, Va. -- 22205 September 27, 1977

Re: Hearings on Public's Need for Nutrition Education

Before: The Honorable Frederick W. Richmond, Chairman
Subcommittee on Domestic Marketing, Consumer
Relations, and Nutrition

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

I am Ruth Desmond, President of the Federation of Homemakers. On behalf of its officers and grass-roots members, I am pleased to have this opportunity to speak on the need of the general public to have advice in selecting wholesome and appealing foods to provide optimum nutrition for successful survival in this Sea of Chemicals Doctor Ames of Berkeley has testified we now live in. I thank you and your Subcommittee members for holding this truly needed hearing and giving so many knowledgeable citizens an opportunity to speak on their concerns in this area of nutrition education and to offer suggestions and recommendations.

This group presented its first public statement at the HEW-FDA public hearing on the cranberry crisis in 1959 - supporting the FDA's seizure of cranberries contaminated with Aminotriazole - a carcinogen. This group had been formed as a result of several of its founders attending the House Commerce Hearings on Chemicals in Foods during 1957-58. After hearing a panel of distinguished scientists and cancer researchers testify at one of the subcommittee hearings, the Federation appeared at the House Commerce Committee hearings on Color Additives in strong support of the Delaney Anti-Cancer Amendment to said legislation. Through the years Federation officers, who volunteer their time to obtaining its goals, have testified at FDA hearings on cheese, orange juice, lipstick dyes, peanut butter standard and foods for Special dietary use. This Federation successfully challenged in court the USDA's permissive labeling of "all meat" hot dogs. Now USDA proclaims on radio from time to time that when you see the label "all meat" it is exactly that -- all meat! A decade ago (1967) this group maintained that food labels must list specifically all ingredients or additives in said food product. A copy of this 1967 RESOLUTION is attached. This specific labeling would not only protect the sensitive and allergic individuals but would "inform the public" which has a right to know what it is ingesting.

Officers of this Federation have attended so many Congressional hearings on additives, drugs, pesticides, hazardous substances, and nutrition, they are aware of the need for the public to receive concise and current educational materials on nutrition to counteract the puffery of radio and T-V commercials which successfully promote many junk foods and drinks as well as costly convenience foods which homemakers could prepare from scratch - as they did only a few decades ago. Home prepared foods would be minus many of the additives, dyes, preservatives and flavorings needed to give shelf life and appeal to the frozen convenience foods and the packaged convenience items. At the June 22nd hearing conducted by the Senate Select Committee on Nutrition and Human Needs there was testimony that consumers now ingest nine pounds of additives annually per person. Just a mere four years ago, it was estimated people ingested about five pounds of these additives annually per person. This does not appear to be a stride in the direction of health and may be the result of the new policy of FDA for establishing flexible standards of identity for foods instead of the past recipe-type standard which limited the use of additives to those permitted in said recipe-type standard. Now any so-called "safe and suitable ingredients" may be substituted for other additives which may have become more expensive or scarce. But such a lenient method of creating a standard of identity would necessitate generic labeling instead of specific labeling of ingredients - which could lead to tragedy for an unsuspecting young child with food allergies. A societal decision must be made here: convenience for the manufacturer or safety (protection) for consumers. (This Federation in 1967 began to lobby for consumer in-put at FDA - believing this would result in better protection of the consumers' health interests.) It seems obvious that the ad hoc meetings of FDA staffers with consumer representatives are bearing good results: banning of suspect food colors, banning of DES, proposed banning of Saccharin, effort for specific labeling of ingredients.

Discussions on getting nutrition education to the public arises frequently at our Board Meetings but there is the anxiety expressed always that scientists with strong industry bias or conflict-of-interest may be selected to educate the confused public. This could result in promotion of the very fabrications which the public should avoid and be a waste of taxpayers' money. For instance - our officers recall that the very advertising agency which devised the commercials which sold Oscar Mayer's Weiners to tiny tots (despite the nitrite risk) was the same agency which produced "Read the Label - Set a Better Table" for FDA. Scientists who believe sugared cereals and sweetened peanut butter are great for children should not be the ones to educate the public with Congressional or Agency or Department approval. The members of this grass-roots group want to see the warning IMITATION on certain labels of erats food products instead of fanciful new names and the assurance these fabrications are the nutritional equivalent or even better than real, honest foods. Many recognized scientists feel nutritional research has not yet reached the point where nutritional equivalency can be claimed for processed foods. Later essential but now unknown nutrients may be discovered and then trusting people who have relied on said fabrications may be in a serious stage of mal-nutrition. The eminent scientist and researcher, Dr. Roger Williams, in his latest book "THE WONDERFUL WORLD WITHIN YOU" on page 29 states:

> "Each species of organism requires a somewhat distinctive set of maintenance chemicals. In experimental animals such as those mentioned above, the lists of maintenance chemicals show strong resemblance to one another. (In some cases, however, the list of maintenance chemicals is not fully known because the nutrition of animals other than rats has not been studied extensively. Indeed, we cannot be sure that we know every item that should be included in the list for rats or the list for human beings.)"

Mr. Chairman - we shall present a copy of this invaluable book to your staff at the conclusion of this testimony. Doctor Williams had it printed in inexpensive paperback (first printing) so that the public could afford the nutrition education contained in it.

In 1966 this group appeared before a special Senate subcommittee debating the issue of adding many not-previously-permitted additives to candy. Chairman Harrison A. Williams asked us how does one determine which advice to take when there are honest scientific differences of opinions between equally recognized scientists. It was pointed out that this Federation under such circumstances always relies on the views and testimony of the scientist who is concerned with the health and welfare of the consumers - not the views of a recognized scientist with conflict-of-interest background. This seems to be the prudent way for consumer-oriented groups to react to such differences of opinions.

At this point in time - there seems to be lacking answers to safety questions on the processing of widely eaten foods - such as cereals! What is actually known of the ultimate effects on human bodies of grains treated for cereals? I think now of a cereal which created the trend for manipulated grains and colors and sweetners in our modern cereals - so enjoyed by children who dote on Saturday T-V programs. It is called LUCKY CHARMS and was introduced about seventeen years ago. At that time,

Federation members were alerted that it seemed to be composed of stale, tinted
marshmallows and "tortured" grains. Even the birds in our back yard refused to eat
it when thrown out to them. The Pink Panther cereal so widely and expensively
advertised - seems to have been taken off the market. Dentists with whom I have talked
questioned its safety - large amount of sugar and apparently colored with Red #2 -
now banned by FDA. Presently certain scientists are attempting to learn if soybeans
treated with alkalies and acids before being extruded into shapes for imitation meats
and pieces of poultry are actually safe in the long term use. It has been intimated
that soy beans so treated and processed are capable of causing lesions in rats
kidneys. At a recent forum on the safety of saccharin, this Federation wanted to
know if research has been done regarding the safety of combining saccharin with
artificial dyes, synthetic flavoring and perhaps preservatives to make the popular
non-caloric drinks consumed by teenagers, the pregnant, the elderly - all of us. It
has been brought out that 80% of saccharin is used in soft drinks - so it seems important
to know if there is a synergistic reaction between saccharin and these synthetic
additives in drinks so popular - such a status symbol now. Apparently this research
is lacking or has not been published, which is of course a waste of research.

What governmental agency or department will be selected to carry out this res-
ponsibility of educating the public - so that the general health of this nation will
be improved as a result? Presently bits and pieces of nutrition education are presented
by various governmental bodies. It would appear that there must be literature for
adults and illustrated pamphlets and materials for high school students - plus materials
for the teachers in elementary schools. If S. 1191, introduced by Senator McGovern is
passed, it would create a Bureau of Human Development. Would this new bureau perhaps
have the responsibility for providing nutrition education materials? Or is the USDA
to have this grave responsibility? A recent issue of FOOD CHEMICAL NEWS indicated
that FDA does not want this responsibility and is not presently set up to undertake
such a task.

To help our own members obtain excellent materials on nutrition and how to purchase
wholesome foods, this Federation suggests books on these subjects in its newsletters.
CONSUMER BEWARE by Beatrice Trum Hunter is well researched. Also helpful is her pamphlet
Fact/Book on FOOD ADDITIVES. Members write that they find THE SUPERMARKET HANDBOOK by
Nikki & David Goldbeck very helpful in purchasing nutritious foods in supermarkets.

The Federation thinks so highly of these books - which are all in paperback - that it is presenting them to your staff. FOOD FOR HOUGHT by Dr. Ross Hume Hall is highly regarded by Federation officers. Presently the public has to use good judgment in reading books and articles on nutrition if it wants to provide a well-balanced diet of reasonably safe foods for its family. Certain magazine articles and those in newspapers such as The Washington Post and the Goody Solomon articles in the Washington Star are very helpful in learning what to select from the bewildering array of choices in supermarkets.

When members write to us for advice on getting better foods served in schools - we suggest getting in touch with the Center for Science in the Public Interest - which has materials especially for this problem of bettering school lunches. We mention, too, the excellent book by Mary T. Goodwin and Gerry Pollen - CREATIVE FOOD EXPERIENCES FOR CHILDREN. We look forward to listening to the testimony tomorrow of many of your witnesses whom we know and admire for their efforts to get nutrition education to the public.

Again, our thanks for this opportunity to express views and concerns on this important subject - nutrition education.

FEDERATION OF HOMEMAKERS, INC.
P. O. Box 5571
Arlington, Va. -- 22205

RESOLUTION.

WHEREAS, consumption of food additives has grown more than 50 per cent. in the years 1955 to 1965, and it is estimated this use will increase to 1.03 billion pounds by 1975,

WHEREAS, the Food Additives Act of 1958 exempts all additives that have been "generally recognized as safe" (GRAS) prior to this Act, and thus FDA has not set tolerance levels for these additives,

WHEREAS, many individuals may prove to be sensitive or allergic to additives proven "legally" safe - such as anti-oxidants for preserving fatty emulsifiers,

WHEREAS, the medical profession cannot protect these allergic persons if complete, specific information is not given on the label of each product,

WHEREAS, every consumer has the right to be fully informed regarding the specific kind and nature of the ingredients including processed food ingredients used in preparing food products sold or offered for sale in all channels of trade, Now Therefore

BE IT RESOLVED that the Board of Management of the Federation of Homemakers, a nationwide group of public spirited individuals, deems it most urgent and therefore requests that all food ingredients, including food additives, no matter how insignificant, be listed clearly in specific terms on said food labels, even when a Standard of Identity has been established, to inform the public and to safeguard its health.

(signed) CAROL MOORE MALSTROM
Chairman of the Board

(signed) RUTH G. DESMOND
President

June 9, 1967

Mr. **BALDUS**. I want to thank all you ladies for your testimony. I see that Barbara Schick is from Iowa where there is so much good food. My district is right across from there. I know there is so much good food. It is a shame, and those of us who serve on the Dairy and Poultry Subcommittee are resisting the FDA changing the standards of ice cream. We agree with you about the point of adulteration.

We thank you all for your testimony.

Mrs. Heckler?

Mrs. **HECKLER**. I would like to ask Ms. Desmond to give us the name of that gentleman that you quoted.

Ms. **DESMOND**. Do you mean about the lipstick?

Mrs. **HECKLER**. Yes.

Ms. **DESMOND**. I am glad you asked that. It is Dr. Bernard Oser. He used to be president-chairman of the Long Island Food & Drug Research Laboratory. Now he is a consultant, especially to the World Health Organization.

I would like to contribute these paperbacks, that we have found so helpful in nutrition education, to your staff.

Mr. **RICHMOND**. Thank you.

Mr. **BALDUS**. Our fourth panel is Dr. John Browe and Ms. Anita Yanocheck Owen of the University of Michigan.

We invite you to come forward and testify.

Ms. Owen, will you testify first?

Welcome, and please proceed.

[The statements follow:]

Testimony of Anita Yanochik Owen, R.D., M.A. Before the House Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition. September 27, 1977

Mr. Chairman and Members of the Committee. I am Anita Yanochik Owen, Lecturer in Nutrition at the School of Public Health, The University of Michigan and formerly Assistant Director for Community Health Services and Chief Nutritionist at the Arizona Department of Health Services. I am immediate past-president of the Association of State and Public Health Nutrition Directors. As a public health practitioner whose primary function is to deliver nutrition and health services to consumers, I have dealt with many inadequacies of our non-system in nutrition education. This non-system has created consumer confusion and misinformation through the many gaps in services, overlaps, duplications and contradictions in nutrition information.

Dietary behavior is affected by psychological, environmental, cultural and economic factors more than by factual knowledge about nutrients and health. Nutrition education, therefore, needs to gear itself to behavior rather than just factual knowledge about food and nutrients. There are few things more boring than sitting down for a lecture on the list of nutrients from protein to B_{12}. Yet, that is the focus in much nutrition education. It is much more effective to let the person see an association between the food he eats, the nutrients the food contains and his own health status.

Good nutrition education must start where the client is. What are his current health problems, interests and what are the health problems he risks in the future? If change is necessary to improve a health problem, that change must be incorporated into the persons entire life style. Good nutrition education strongly considers all the variables that influence a persons food choice, including culture, economics, taste and nutritional value.

Traditionally, nutrition educators have relied on pamphlets, special recipes and handouts. These are passive techniques which do not fit everyone's needs or learning style. Food behavior is personal and any attempt to change it should be personalized. The client should be actively involved in determining the changes necessary to his diet. The three major purposes of my remarks are to discuss 1) the need for nutrition education in all segments

of our population,

2) two examples of effective nutrition education programs one in a health care setting: the other in a school system and

3) recommendation for action.

The need for nutrition education for all ages and all socio-economic segments of our population is reflected in three areas:

1) among the leading causes of death in the United States--heart disease, stroke, hypertension, cancer, diabetes mellitus, arteriosclerosis and cirrhosis of the liver-the American diet and life style are implicated. Evidence mounts that Americans suboptimal diets can be found at every socio-economic level (1);

2) growing interest of consumers and institutions, especially the public school systems, food corporations and public health in nutrition information, and

3) concern about nutrition-related energy and environmental problems on a local, national and global basis (2).

The two examples of effective nutrition education programs that I will cite are from the State of Arizona where I functioned as Chief Nutritionist for ten years. In order to meet the nutritional needs of the high-risk population in Arizona, we embarked on a program of nutrition education which was designed as an integral part of the health care system. This nutrition delivery system includes nutrition screening, a problem-oriented referral program for clients, a monitoring and follow-up system for clients identified to have nutrition problems and development of community nutrition workers (supervised by Public Health Nutritionists) as a major source of manpower for this system (3).

The nutrition education plan developed for this program is problem-specific and objective-based. The plan attacks several public health problems including obesity, anemia, high-risk pregnancy, delayed growth and development and cardiovascular disease risk.

A nutrition education plan is formulated for every client with specific behavioral objectives geared to the diagnosed health problem. As these objectives are learned by the client, knowledge gains are documented and are correlated into subsequent behavioral changes and health status improvement and maintenance. Annual cost of this objective-based education is $32.00 per client (Exhibit I Nutrition Education Packet Arizona Department of Health Services, Bureau of Nutrition Services, Nov. 1, 1976).

What kind of results can occur from a problem-specific, objective-based nutrition plan? The annual report of the Arizona Department of Health Services, Nutrition Bureau 1976-1977 reveals the following exciting statistics:

1) nutrition screening, follow-up and WIC-Supplemental Feeding Program for Women, Infants and Children services were delivered to more than 55,000 people;
2) a major activity was the provision of services to the high-risk pregnant woman. Among teenagers in the WIC program, a low birthweight rate of 65.5/1000 live births was 12 percent lower than the rate of 74.5/1000 live births among all teenagers in the state. The successful outcome can be attributed to sound nutrition education,

early referral for comprehensive prenatal care and delivery of WIC supplemental foods. Anemia, an indicator of malnutrition, is at an all time low for the state of Arizona as a whole (7percent in 1976, down from 13 percent in 1975 and 17 percent in 1974).

These data indicate that nutrition education in conjunction with a health care system can effectively create behavioral change leading to improved nutrition and health status which can be evaluated and achieved at reasonable cost (Exhibit II Annual Report Bureau of Nutrition Services, Arizona Department of Health Services, July, 1976 - June, 1977). Mor'ssa White, Chief, Bureau of Nutrition Services and James Rye, Training Coordinator, Bureau of Nutrition Services).

The second program was a three year project entitled "Cardiovascular Risk Factors, Educational Model" which was funded by Title III monies in 1974 through the Arizona State Department of Education. The objectives of the project were:

1) to identify children and their families from the Riverside School district in Phoenix who were at high cardiovascular risk by screening for five cardiovascular risk factors;
2) to reduce these risks in the project population by decreasing serum cholesterol levels, obesity, incidence of obesity and cigarette smoking and by improving physical fitness in children by 1977;
3) to develop and implement an instructional program for teachers in grades 1-8 which equips them to instruct students in development of a health maintenance plan.

To accomplish these objectives, teacher workshops were conducted to develop health education units including follow-up observations for physical education classes. Consultation sessions with cafeteria managers to modify school lunch menus were conducted and health-counseling sessions for parents were held.

To provide an evaluation strategy, an experimental control group design was used to assess the project impact. The findings in this study were very encouraging.

(1) The experimental group showed significant cognitive gains as a result of classroom instruction while the control group demonstrated no gain.

(2) The experimental group demonstrated significant improvement in physical fitness.

(3) Both experimental and control groups demonstrated significant reduction in levels of serum cholesterol.

The team that conducted this research project were Marie Tymrak, R.D.,M.P.H., project coordinator; Glen Friedman, M.D., Pediatrician; Frank Komadina, Superintendent, Riverside School (Exhibit III Heart Health Grades 4-6, Riverside School, Title IV - C Project, Phoenix, Arizona, 1974-1977.

Two aspects of these effective projects are worth emphasizing:

(1) They are designed to include nutrition as an integral part of health care. Nutrition is a health matter and should not be viewed in isolation.

(2) There are some who believe we don't have enough information to undertake good nutrition education. The results of these projects dispel this notion.

Finally, recommendations for action:

(1) Standards for nutrition education must be developed utilizing an objective-based approach with an evaluation component built in at every phase. These standards must be utilized by all nutrition education practitioners whether in a public health setting, a school system or a food corporation.

(2) Federal funds to states should be contingent upon submission of a 3-year state plan for nutrition education which includes, at least, the development of a task force at the state level including all agencies who are involved in nutrition education to determine:

a) population groups served;

b) methods employed in nutrition education;

c) determination of gaps in services;

d) determination of the plan to minimize these problems with emphasis on evaluation of benefits to consumers; and

e) determination of overlaps and duplications.

(3) Evaluate existing nutrition education approaches in public health, school systems, food corporations, etc., and subsequently recommend direct use or adaptation of successful approaches.

(4) Require nutrition education in the training of school teachers, health and medical professionals.

(5) Require nutrition education in school systems at elementary, middle and high school levels. This education should be integrated into health, physical education and science wherever appropriate.

(6) Fund research projects for evaluation of nutrition as it relates to knowledge, attitudes, behavior and health status.

Thank you Mr. Chairman.

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Mr. Richmond. We thank you for waiting so patiently. We hope you have a good trip home.

Dr. Browe, it is a particular pleasure of mine as a New Yorker to welcome you. We look forward to hearing your testimony.

TESTIMONY

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Presented Before
House Committee on Agriculture
Subcommittee on Domestic Marketing,
Consumer Relations and Nutrition
Washington, D.C. 20515
September 27, 1977

Honorable Frederick W. Richmond, Chairman

Mr. Chairman:

I am John Browe, Director of the Bureau of Nutrition, New York State Department of Health. I am most appreciative of the invitation to testify in your effort "to focus National attention on the issues related to food, nutrition and health about which consumer care and for which a public case must be made".

What this Subcommittee has done in requesting a report on "The Role of the Federal Government in Nutrition Education", was also done in a much smaller way for the Governor's Food Conference held in Albany on May 15, 1975. I was asked to prepare a report on the nutrition activities of the agencies in New York State Government. A copy is attached.

It was found that there were nutrition activities in at least the following state agencies: The State Departments of Health, Mental Hygiene, Agriculture and Markets (which administers the Food Law), Office for the Aging, Education Department, Drug Abuse Control

Commission, Office of General Services, Social Services, the Board of Social Welfare, Correctional Services and Cooperative Extension.

The theme of the Food Conference was "Food is Everybody's Business". The Conference was designed to bring together leaders of each category of the food process "From Seed to Supper". To excerpt from this document, "Food is everybody's business, but human beings clearly need help in getting an adequate diet. As a general rule, a human being does not select his foods on the basis of their nutriment. If sufficiently affluent, he is more interested in embellishing food getting into a ritualistic luxury and in avoiding boredom through selection of a variety of foods. The indigent seldom, if ever, can indulge in such luxurious ritual in conjunction with food getting. To them food getting is a basic necessity, and consistency of their basic food getting practices becomes an inflexible part of their cultural pattern.

"Thus, regardless of the amount of money available for food, the more affluent and, because of the limited foods available to them, the indigent frequently will consume diets which contain inadequate nourishment in terms of protein, minerals, vitamins, and even calories. In both groups there are many who consume an excess of calories, although not necessarily sufficient nutrients. In short, people tend to eat what they like, what they can afford, and what is convenient.

"It is the food scientist who transforms agricultural products into foods which people will enjoy.....But such areas as nutritive changes taking place in processing and the use of processed foods in dieting or regular feeding are logically of concern to both food science and nutrition.

"Basically, nutrition has four major sections: agricultural nutrition, meaning the production of food; medical nutrition, as establishment of the needs of the human body, whether healthy or diseased; processing nutrition, outlining changes in handling, preservation and other processing; and dietary nutrition, the composing of suitable diets of chief concern to public health.

"Nutrition is the applied field, in a world in which technical change is of national and international importance, which is the furthest advanced and most easily studied. But further research advances will be made only when a certain number of anthropologists, sociologists, food economists, social and experimental psychologists, psychiatrists, obstetricians, pediatricians, and public health experts can be given thorough training in the science of nutrition, and conversely, when well-trained nutritionists can be given a full course in one of the social sciences. One specialization does not suffice.

"So, what is nutrition?"

Over the years, a definition in common use in one form or another and in varying degrees of complexity and inclusiveness has been essentially "nutrition is the science of food and its effect upon health". It has occurred to me that this definition may be a holdover from the beginnings of nutritional science, which was concerned with animals. It was important that the right combination of nutrients, supplements and roughage provided the most economic way of raising an animal for reproductive purposes, or for slaughter for food, with the animal free only to accept or reject what was offered or to get through the fence to greener pastures.

Actually, a more appropriate word for this process is trophology from the Greek trophikos meaning food and trophic, of or pertaining to the metabolism of nutrients. So, one would use the term trophopathy instead of malnutrition for any derangement of this metabolic process, trophotherapy for the treatment of disease by dietetic measures and trophology, the science of nutrient support of body metabolism.

If we look up the origin of the word nutrition we discover that it comes from the latin verb "nutrire" which means to suckle at the breast. Certainly, a far cry from "the science of food, the nutrients, and other substances therein, their action, interaction and balance in relation to health and disease, and the processes by which the organism ingests, digests, absorbs, transports, utilizes and excretes food substances". Admittedly, this definition of the National Nutritiòn Consortium goes on to say that "nutrition must be concerned with certain social, economic, cultural and psychological implications of food and eating. Further, it includes an evaluation of nutritional status and effect upon the health of the individual of an inadequacy or imbalance of nutrients consumed. For this diverse field of study, a number of specialities have evolved that require varying competences and depths of knowledge in the biological, medical, chemical and social sciences".

Thus, we can see some progress has been made in defining nutrition and parameters are included that were ignored in the earlier short definition. However, if we think of the infant at the breast, consider the relationship between these two individuals and their places in the family, which such a picture brings to mind, and then how we are all inter-related, that all of this new definition can be simply stated by the following: "human nutrition is the study of man as he is affected by his food". (Perhaps, in this day and age, I should say persons.) This definition places the emphasis where it belongs, on people, not on food.

To return to the theme of the Governor's Food Conference, "From Seed to Supper", what happens after supper is just as important. The stated concern about how man is affected by his food goes far beyond postprandial discomfort and the comment that "it must have been something I et". An excellent educational film on nutrition of some twenty-five years ago was titled "Something You Didn't Eat". Another one was "Hidden Hunger". These were about insufficient vitamins and minerals in the daily diet. In these times we must be concerned with another kind of hidden hunger which has only been brought to national attention in the last ten years. That is that millions of Americans are hungry because they don't have enough food.

In the last 15 years, sufficient evidence has accumulated to justify, both in terms of human values and anticipated cost benefits, programs to improve maternal and infant nutrition, especially for those most likely to be at nutritional risk. Just as these programs should go far to permit infant brain cells to continue to divide until their genetically determined potential is reached, so also is it likely that less overfeeding of infants will keep the number of fat cells at a reasonable level and presumably lessen the problem of persistent, life-long obesity.

We owe it to the elderly to see that they are properly cared for and have the solace and enjoyment of sufficient food that they like, with due attention to a sufficiency of nutrients which are more difficult to obtain in the fewer calories they consume.

It is clear that nutrition is everybody's business, too, but what is everybody's business worries me. William Carey, Vice President of Arthur D. Little, Inc. and Chairman of the Panel on Federal and State Administrative Structure of Monitoring Organizations of the White House Conference on Food, Nutrition and Health said at the Follow-Up Conference in 1971, "what is everybody's business becomes nobody's business".

Someone needs to be in charge.

A starting point in considering policy could be the goal of ensuring that every citizen has the knowledge and the opportunity to consume food appropriate to realizing the best life-long prospects for health and accomplishment at any age, in different physiological states, in various conditions of disease and disability, and under varying environmental, social and economic conditions.

Mr. Richmond. Dr. Browe, you head the nutrition division of our State department of health; is that right?

Dr. Browe. That is right.

Mr. Richmond. How many people are in that division?

Dr. Browe. It is a bureau within the division, and as far as the bureau is concerned, in the office in Albany in the public health nutrition, there is me.

Also in the bureau is the WIC program, and also in the bureau is the hospital survey programs of dietary services, which consist of one person.

Mr. Richmond. In other words, how many people are there in the State of New York who are responsible for nutrition education besides yourself?

Dr. Browe. Among the various other agencies I have mentioned, there are several additional people. I would say this, for example. In the county health departments, Erie County has two, Westchester County has three, Nassau County has three, Suffix has three or four. The city of New York used to have about 40. I do not know how many they have now in terms of public health nutrition.

Mr. Richmond. In other words, it is not very many?

Dr. Browe. That is correct.

Mr. Richmond. It makes it almost impossible for the State of New York to really do much nutrition education, I would think?

Dr. Browe. That is correct.

Mr. Richmond. That is a problem that would have to be taken care of by the State legislation, I would assume?

Dr. Browe. I would think so.

Mr. Richmond. We thank you very much for coming, Dr. Browe. We appreciate it.

Our next witness is Dr. Mary Hughes of the National Dairy Council. Welcome.

STATEMENT OF MARY HUGHES, COORDINATOR, ELEMENTARY AND SECONDARY EDUCATION PROGRAM, NATIONAL DAIRY COUNCIL

Ms. Hughes. I am Mary Hughes, coordinator of the National Dairy Council's elementary and secondary nutrition education program.

During the past several years I have had an opportunity to make a systematic study of nutrition education in elementary and secondary schools at the urban, State and national levels. I came away from this study feeling that something is definitely wrong with nutrition education today.

The nutrition information that is available in our Nation's classrooms is often contradictory, certainly disorganized, and presents only a fragmentary approach to learning.

The first nationwide attempt to assess the "state of the art" of nutrition education was a needs assessment study[1] sponsored by the National Dairy Council and performed by the University of Illinois at Chicago Circle. The complete text of this study has already been made available to committee staff. It showed that nutrition education, as it exists today, is a hit-or-miss approach to learning. Nutrition is "sometimes" taught in health classes, in home economics, in science, or in physical education, depending upon the particular interest of the teacher.

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[1] Eash. M. and Rasher. S. 1976. "A Needs Assessment of Nutrition Education." University of Illinois, Chicago Circle.

Teachers and administrators interviewed agreed that present approaches are disorganized. They contain overlaps and gaps; they are not coordinated throughout the curriculum, either with other subjects or with other services within the school, and for the most part, they are uninteresting, primarily due to a shortage of good curriculum materials at each grade level.

Teachers, building principals, district and state superintendents all indicate there is need for a unified, progressive approach to nutrition education. If one presently existed, they would welcome it—provided that the new program met the needs of schools and students.

A second major study performed for the National Dairy Council by the Society for Nutrition Education compared existing school programs and found they do not satisfy current needs.The study, "An Analysis of Curriculum Guides From Kindergarten Through Grade 12 [2]," is an in-depth review of what is taught in nutrition education. The complete study has been made available to staff.

This study analyzes the overall national picture, identifying strengths and weaknesses. From the analysis we can conclude the following:

First, the analysis clearly points out the lack of curricula in nutrition education giving appropriate attention to the affective and behavioral aspects of learning. We cannot expect to bridge the gap between knowledge and application if we continue to ignore the learner as a feeling, acting and thinking person. Curricula must emphasize student concerns, interests and activities.

Second, social, cultural and psychological aspects of food selection should receive strong attention in nutrition education programs at all levels of instruction. The analysis implies that although most existing curricula are free of social or cultural stereotyping, rarely do they emphasize or strongly endorse these aspects of food selection. It appears that a pressing need for new curriculum development would be in the area of multicultural and intracultural instructional materials. Students should recognize that no single food selection pattern is "best" but rather that nutritional adequacy can be achieved by a variety of social and cultural food selection patterns.

Third, an effective nutrition education program must have a comprehensive evaluation component. The analysis indicates that this component may not have deceived sufficient emphasis in the past. If we expect nutrition education to have "payoff," then we might best view the interaction of the curriculum and the child as an ongoing and long-term evaluation process with the nutrition message positively reinforced through practice. Providing students with strategies for practicing good nutrition behaviors and role-playing and analyzing effective or poor nutrition behaviors may be as significant as the analysis of pretest and posttest scores. This does not mean that programs should not have a strong cognitive aspect; rather, opportunities for all aspects of learning should be present.

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[2] Cooper, K. and Go. C. 1976. Analysis of nutrition curriculum guides at the æ–12 level. "Journal of Nutrition Education." 8 : 62 (April-June).

Another aspect that contributes to the confusion in nutrition education is the proliferation of bits of information by a multitude of people—"everyone is in the act"—nutrition education belongs to everyone but is the responsibility of no one. You need only flip through almost any consumer-oriented newspaper or magazine to find irresponsible presentations of nutrition information and much of its influence being carried from the home into the classroom.

What is needed to bring organization out of this disorganization and provide effective nutrition education?

Like any discipline, nutrition needs to be organized into a framework, then arranged from simple to complex. It's the way you and I learned to read, write, and compute numbers. The first step in this regard has been made.

Charged with the task of determining what the average citizen should know about nutrition to make intelligent food choices, the White House conference on food, nutrition, and health, working with the Federal Government Interagency Committee on Nutrition Education, formulated what are known as "the White House Conference concepts." These concepts represent a framework for nutrition education in the schools. You have before you a document called "A Scope and Sequence Chart." The concepts are condensed at the head of each column on the chart and printed in full on the reverse side.

Taking this framework and organizing it from simple to complex, so that later learning adds to previous knowledge, requires the expertise of many people. In addition, the information must be appropriate to the learner, who must be able to perceive it intellectually and work with it physically or concretely. Furthermore, the information should be immediately compatible with lifestyle, culture, family, and community.

It is easy to see this requires a broad base of expertise. However, the state of the art of nutrition education will not change and the needs of our Nation's schoolchildren cannot be met with an inadequate program. An example of such a broad base of expertise is also shown in the scope and sequence chart under the heading "Blue Ribbon Advisory Committee." You can see many disciplines are needed, such as educators, nutritionists, psychologists, and researchers.

What is it we are suggesting that you might do?

1. There must be a realistic funding base to provide effective instruction. The national average for expenditure of funds for instructional materials in elementary and secondary schools is $41.32 per pupil.[3] This $41 is distributed between startup costs for new programs and maintenance costs for already established programs. It is estimated that startup costs for a new reading program may range from $10 to $15 per student.

In the needs assessment that I referred to earlier, administrators from across this country indicate that $2 to $3 per pupil would be needed to start up a nutrition education program. The same sophisticated approach to curriculum materials that is used for reading must be used for nutrition education materials if they are to compete for instructional time in elementary and secondary classrooms.

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[3] Reported by Market Data Retrieval, Box 510, Westport, Conn.

2. Additional funds are needed for basic research. Presently there is an absence of validated instruments to measure the effectiveness of nutrition education. This means writing the instruments, field testing, revising, and then subjecting them to a national audience. This is a 2- to 3-year process, involving not only professional expertise but appropriate expenditures of funds as well.

3. Training in nutrition education for elementary and secondary teachers should be given the same priority that was given to training teachers for science by the National Science Foundation training models. It took Sputnik to awaken us to our need for increased scientific knowledge. What kind of Sputnik do we need to awaken us to our need for effective nutrition education?

4. There should be provision made for qualified nutrition educators at the Federal level to do these vital things:

(*a*) Coordinate the efforts at the State level in linking nutrition education into the school feeding programs.

(*b*) Link nutrition education to the health problems in our society and the health services in the schools.

(*c*) Organize and use the nutrition resources presently available nationally and locally to bring sound nutrition principles to American classrooms.

[Attachments to Ms. Hughes' statement are held in the subcommittee file.]

Mr. RICHMOND. Thank you, Dr. Hughes. You are to be congratulated. So is the National Dairy Council for commissioning two very basic and necessary reports on nutrition. Our staff has used them. We think they are outstanding.

Mrs. Heckler?

Mrs. HECKLER. I am sorry. I was detained elsewhere, but I want to say I am delighted I came back. I gained a great deal from your insight.

As late as the hour is and as brief as you were, I think that your message, nonetheless, came through very clearly. I want to thank you.

Ms. HUGHES. Thank you.

Mr. SYMMS. I would like to thank Dr. Hughes also for the excellent testimony she gave.

Ms. HUGHES. Thank you.

Mr. GRASSLEY. Dr. Hughes, it seems to me like when I was in elementary school in the 1940's that I was inundated, at least in the lower grades—third through sixth grades—with a great amount of this stuff, or at least more than I thought I wanted at that time. This was, of course, called, health.

I am reminding you of that. It seems to me like it was part of the textbook and a part of the curriculum in the State of Iowa. Maybe it did not do the good that you would have hoped it would have done.

I am throwing that out for your thought or comment.

Ms. HUGHES. Congressman, I think it is very true. There are a number of studies done in education that can show that. If you ask students if they learn nutrition in school, they usually say yes, but if you look indepth and find out what they learned, I think you characterized it perfectly—they were inundated with the four food groups, with the relationship of nutrition to health.

It was simply, "We are too sophisticated and our children are too sophisticated to be content with that."

Thank you.

Mr. RICHMOND. Thank you very much, Dr. Hughes.

Our next witness is Ms. Marian Tompson, La Leche League, International.

[The statement follows:]

Tuesday, September 27, 1977

STATEMENT OF MARIAN TOMPSON, PRESIDENT, LA LECHE LEAGUE, INTERNATIONAL

I am Marian Tompson, President of La Leche League International, a non-profit organization with headquarters in Franklin Park, Illinois. I am here representing the 12,000 La Leche League leaders who have helped millions of nursing mothers in all 50 states and 42 countries throughout the world.

I am extremely grateful for the opportunity to share my views with you today not only because of my gratitude to the United States Department of Agriculture for making these hearings possible, but also because I have a very personal interest in the Department of Agriculture. You see, I am holding up this publication of your own WIC program which features a picture of my daughter, Debbi, nursing her baby. Debbi is one of my seven children and Michelle one of my two grandchildren. I hope these hearings will result in many millions of women being able to experience the same joy of nursing their own babies that we have been fortunate enough to have.

La Leche League, founded 21 years ago, has experienced an astounding growth rate. From one group of seven mothers in 1956, it now numbers over 4,000 groups (as shown in this chart.)

During the early years of the League, breastfeeding of newborns in this country dropped to an all-time low of 18%. Today, over 50% of all mothers (see chart) begin breastfeeding their infants. We believe the information, support, and the mother-to-mother advice offered through the League, has played a major role in this increase.

We are supported by a Professional Advisory Board of eminent physicians and scientists (a list is included in your packet) and have been recognized by medical organizations throughout the world including the American Medical Association, American Academy of Pediatrics, The American College of Obstetricians and Gynecologists, and The American Academy of Family Physicians.

Our bi-monthly newsletter reaches 60,000 mothers, an increase of 10,000 since January of this year. In addition, our reference library annually serves hundreds of physicians, nurses, and other health professionals.

There have been exciting new scientific studies documenting the advantages of breastfeeding in recent years. It has long been known that breastfed babies are relatively immune to infectious diseases and allergies found in much larger numbers in bottlefed babies. The advantages of breastfeeding to the general health of the mother, to the lowering of the incidence of breast cancer, and to safe child spacing has been long established. The economic benefits of breastfeeding to both the individual and national economies have also been well documented. Recently, moreover, scientists have demonstrated that certain diseases practically never occur in breastfed babies. These include E. coli, meningitis, neonatal hypothyroidism, tetany of the newborn, sudden infant death, necrotizing enterocolitis, acrodermatitis, and enteropathica. Furthermore, there is considerable new evidence showing that breastfeeding in infancy helps prevent obesity, hypertension, and coronary artery disease in later life.

We believe that this kind of information must be properly brought to the attention of every woman in this country and indeed to the attention of men as well, since it has been accurately stated that the success of a mother in breastfeeding her infant depends, to a great extent, on the support she receives from her husband.

Experts may disagree about other specific dietary priorities but no one can disagree that breast milk is the best possible food for infants and babies.

Therefore, La Leche League recommends that breastfeeding be considered the cornerstone of all government nutrition programs. To achieve this goal, we would propose the creation of an Office of Human Lactation. The functions of this office would be:

1. To serve as a clearing house for information on breastfeeding between government agencies and between government and the public. This office could also be a center for the monitoring of advertising claims made by artificial infant food and milk manufacturers.
2. To review all federal programs dealing with nutrition, family planning, ecology, and child care, insuring that a breastfeeding component is recognized and included. At present, there appears to be no coordination regarding nutrition education within the government. There is no single focal point which reviews publications in terms of duplication and contradictions.
3. To promote breastfeeding as national policy.
4. To monitor and coordinate research affecting breastfeeding mothers and babies.
5. To issue periodic reports on the current state of breastfeeding.

Specifications:

The person occupying this position shall be a mother who has successfully breastfed several children; who has academic training or its equivalent in the field of infant nutrition; who has had experience in public education; who lives in the Washington D.C. area with her family.

La Leche League and other organizations concerned with breastfeeding shall be consulted in identifying candidates for appointment and shall participate in an advisory capacity thereafter.

Next month I am going to New Delhi as a guest speaker at the International Pediatric Congress. The theme of this Congress is BREASTFEEDING WITH LOVE FOR BETTER CHILD HEALTH. I will be presenting information on breastfeeding trends in many countries. The great volume of requests for our help from other countries indicates their deep interest in programs and policies that will not only encourage but will also insure successful breastfeeding. I know the time is short yet I would wish that this committee could act favorably on our recommendation so that I can bring this kind of encouragement and leadership to the many nations who will be represented at that conference.

I will be very happy to respond to questions from any of the committee members.

Thank you very much.

Marian Tompson, President
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(Additional attachments are held in the subcommittee file.)

Mr. **Richmond.** Thank you very much, Ms. Tompson, for your testimony. It was most interesting. I agree with you that there is no question that breast feeding has had tremendous resurgency in the United States.

Mr. Symms?

Mr. **Symms.** Ms. Tompson, I want to compliment you. I think you are living proof of your own testimony that if you get out on the stump, you do more good than any Government office could do.

I would like to ask you one question. I am a little concerned about your advocating a new Government office. How does this square with working women? Let us say, a woman takes off 3 months to have a baby and then goes back to work. Is this a difficult problem?

Ms. **Tompson.** It is not easy for any woman to work and run a house full time, but mothers who have babies and breastfeed babies do this. There are a variety of solutions, but they manage it.

Mr. **Symms.** With the big spending Congress we have, we have to have two people working in many families to pay the taxloads. I wonder if there is not a conflict there.

I certainly appreciate your testimony, but is there a change taking place in medical schools so that pediatrics and doctors encourage this to mothers now? Would it not be easier than having an office down here?

Ms. **Tompson.** The reason I suggested a Government office that we sort of look to our Government for leadership. If the Government states this is good policy—and they are doing this in a number of countries; that is, at least six countries have policies encouraging breast feeding, because they feel in this way there is more possibility of people at least being aware of it. It is a higher visibility this way. There are still a lot of people who have not heard much about breast feeding. We are looking in areas where they do not do it. If they knew more about it, they would really want to.

Mr. **Symms.** You mention you have 4,000 groups. How many people are there per group?

Ms. **Tompson.** It varies from 12 to 50 to 70 mothers.

Mr. **Symms.** Thank you very much, Mr. Chairman.

Mr. **Richmond.** If there are no further questions, we want to thank you for coming.

Our next witness is Maggie Kuhn of the Grey Panthers.

STATEMENT OF MAGGIE KUHN, NATIONAL CONVENER. GREY PANTHERS

Ms. **Kuhn.** Good afternoon, Mr. Chairman.

I am Maggie Kuhn, national convener of the Grey Panthers, a national coalition of old, young, and middle-aged activists and advocates concerned about social justice and the social changes needed to humanize our society.

I greatly appreciate the opportunity to testify before this committee. Your committee is investigating matters clearly concerning our national survival.

Grey Panthers give priority to the elimination of agism and all of its oppressive and discriminatory aspects. We do not provide services; we monitor services and we are training and organizing groups to press for the improvement of services and elimination of the root causes and conditions which require social services.

We have a national health task force which has been working for the last 3½ years, and has taken over the work of a task force on hunger, recognizing the direct linkage between food, nutrition, and health.

We have seen the desperate need for a coherent, coordinated national food policy covering agricultural production and distribution, the sale and processing of food, nutrition education, and the needs of some 400 million people in the world who are hungry. We press for such a policy based on human need and guided by human need, not by corporate profits and agribusiness.

The lack of such a policy has had most unfortunate consequences for farmers and consumers, particularly children and old people living on fixed incomes.

Our present patchwork policy reflects powerful political pressures exerted by multibillion, multinational corporations engaged in agribusiness and food conglomerates. It grossly neglects the aspects people need most—diets of nourishing, wholesome food, careful planning and management of the use of land and measures to insure its long-term fertility.

Our current fragmented approach has resulted in lack of Government control over giant grain exporters, ever-increasing and inflationary food prices, deteriorating quality of food, a poorly publicized and often poorly and inhumanely administered food stamp program and uncontrolled and irresponsible TV advertising.

There is urgent need to give priority to nutrition education of consumers, physicians. There is even more urgent need to educate the producers in techniques that will protect and promote the health and well-being of the people and preserve the fertility of the land for future generations.

In the past 2 years I have had opportunity to meet with directors of nutrition programs in 10 States, and have visited nutrition sites operated under title 7 of the Older Americans Act, ate the lunches and talked with other old people coming to the centers and sites.

There has been some improvement in the scope of the nutrition program. Thousands of lonely old people have been provided with hot lunches. There has been some improvement in the social setting. But some sites are little more than soup kitchens serving food with the least paperwork and effort to make eating a pleasurable experience. Too many sites serve catered meals, packaged on little plastic trays, looking and tasting like those plastic containers.

In Honolulu in June I visited a nutrition site and in Chinatown, and was served a hot dog, baked beans, and potato salad. Catered meals are served to save paperwork and reduce costs of cooks salaries. They are convenient for the staff, but obviously not in the best interests of the old people needing nourishing food.

I commend the title 7 program in Arizona. Meals are prepared in community kitchens by older women who are experienced cooks. They have prepared meals for big families, cooked many church dinners. They are good cooks. Much of the food they prepare is grown in community gardens, children and young people helping older people to garden.

Most of the meals are served in multipurpose clusters where there is socialization, health screening, creating, and useful education about food and health. There are also food co-ops run by the people and greatly reducing the cost of the other meals they get at home.

Arizona has pioneered in what we recommend for all nutrition sites. They should be staging areas for organizing food co-ops and big community gardens. We recommend food co-ops as a way of securing food at reduced cost, improving quality of food and health, and giving the people control instead of being dependent on agribusiness and its potentially dangerous and exploitive practices.

Nutrition directors have told me some frustrating experiences they had had with the use of commodity foods, some of which have to be questioned for school lunch programs, as well as in the meals served to old people under title 7. Often these commodity foods are extremely high in sodium and salt.

Commodity foods are difficult to handle and store. Directors have to pay 25 to 30 cents per meal for the delivery and handling. In New York City, 42,000 meals are served daily to old people under title 7. More than 250,000 people actually need the meals.

If the nutrition staff could use the money they pay for delivery and handling of commodity foods, they could serve more old people. Furthermore, much of the commodity food has been stored for long periods. I have reports of canned beef and juices stored for 1 to 2 years. What are the health risks involved in long-term storage and dubious handling? I also ask how nourishing?

Staff have little or no control over delivery of commodity foods. There is no notification of when they will arrive. The nutrition director in Tucson, Ariz., got a large truckload of frozen turkey at 4:30 p.m., the Friday after Thanksgiving.

There are also questions about the redtape required with the reporting and reimbursement of damaged foods. There are as many as four or five separate forms to be filled out for a No. 10 can that is dented and must be thrown away.

In our Grey Panther movement we are challenging the philosophy, the goals, the practices of agribusiness and the multinational global food production of cash crops, sold at high profits, ultimately destroying the productivity of the land and creating monstrous dangers to our health.

We are deeply concerned about the declining quality of our food supply, its escalating cost, and its immediate and long-term effect on our health.

We do not fully understand the effect of additives and pesticides. We old people need protection from excessive use of sodium and salt in our diet. We now know that many of us end up in nursing homes and hospitals because of these dangerous ingredients and the lack of information about nutrition which ought to be a part of preventative health care.

Grey Panthers are alerting our networks to the dangers of food additives and junk foods. We are advocating organization of food crops, housing co-ops, community gardens in open wasteland and in cities to replace abandoned trash-filled lots.

We are attempting to create a new food consciousness to influence change in attitudes, food habits, and lifestyles. Lots of great young people in our movement are showing us the way. We put people first. We want people-oriented Government food policies. We see Government giving preference to the food producers and processes, not people, to the destruction of smaller diversified farming. We note some small reversal of the suburban sprawl and more attention to the countryside by city people. Old people as well as the young are seeking some relief from the pollution and crime of the cities. But many are locked into old and dying neighborhoods.

We direct the attention of the committee to the following recommendations:

One, that priority be given at the Cabinet level to a national program of nutrition education in the public schools, in nutrition sites under title 7 of the Older Americans Act, and in the mass media.

Two, that the medical schools be encouraged by NIH and NIA to develop nutrition courses and research on nutrition and health, to correct the gross neglect of nutrition in medical education.

Three, that the Department of Agriculture improve inspection and distribution methods for commodity foods used in the title 7 nutrition programs—and evaluated for their suitability for old people.

Four, that the advertising of junk foods so detrimental to the health of Americans be restricted in TV broadcasting beamed to children. Grey Panther's media watch groups have cited some distressing examples.

Five, that the Department of Agriculture take steps to cut the redtape for accounting and reimbursement in the use of commodity foods in title 7 nutrition programs.

Six, that the Department of Agriculture improve methods of food inspection.

Seven, that the Department of Agriculture, in cooperation with the Administration on Aging permit title 7 nutrition directors the choice of using commodity foods or buying food at local markets. Each community has it own needs, racial and ethnic food preferences. Options should be provided to respect these preferences.

Eight, that the Department of Agriculture, and Department of Agriculture of both Houses, investigate the policies and practices of agribusiness as these bear upon the health and well-being of Americans and the conservation of our farmlands, investigating the widespread use of pesticides and herbicides.

Nine, that the Extension Department—county agents and nutritionists in the Department—give leadership to the growing of community gardens and the use of vacant, junk-filled urban land for the production of fresh foods by the people, for the people.

Ten, that Cabinet level attention be given to the development of a coherent, coordinated national food and health policy to serve the people and the public interest.

Thank you.

Mr. RICHMOND. Thank you very much. We appreciate your testimony.

Our last witness is Mrs. Lillian Huff, Chairperson of the Mayor's Commission on Food, Nutrition, and Health, of the District of Columbia.

She is accompanied by Mrs. Mildred Brooks.

STATEMENT OF LILLIAN HUFF, CHAIRPERSON, MAYOR'S COMMISSION ON FOOD, NUTRITION, AND HEALTH, DISTRICT OF COLUMBIA, PRESENTED BY MILDRED BROOKS, EXECUTIVE SECRETARY, ACCOMPANIED BY MRS. BRUCE, VICE CHAIRPERSON; AND MRS. WILSON, SECRETARY, MAYOR'S COMMISSION ON FOOD, NUTRITION, AND HEALTH, DISTRICT OF COLUMBIA

Mrs. Brooks. Mr. Chairman, let me apologize for being late this afternoon.

Mr. Richmond. We will ask you to be brief. We are running out of time.

Mrs. Brooks. I am substituting for Mrs. Huff, the Chairperson. She could not be here. I am Mrs. Brooks, the Executive Secretary of the District of Columbia Mayor's Commission of Food, Nutrition, and Health.

I will do my best to be as brief as I can.

With me is Mrs. Bruce, the Vice Chairperson of the Commission and my secretary, Mrs. Wilson.

Mr. Richmond. We welcome all three of you.

[The prepared statement of Mrs. Huff follows:]

TUESDAY, SEPTEMBER 27, 1977

"THE ROLE OF THE FEDERAL GOVERNMENT IN NUTRITION EDUCATION"

TESTIMONY

From The

D.C. MAYOR'S COMMISSION ON FOOD, NUTRITION AND HEALTH

Presented By

MRS. LILLIAN J. HUFF, CHAIRPERSON

Before The

HOUSE AGRICULTURE COMMITTEE
SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER RELATIONS AND NUTRITION

FREDERICK W. RICHMOND, CHAIRMAN

LONGWORTH BUILDING, ROOM 1301
WASHINGTON, D.C.

GOOD AFTERNOON MR. CHAIRMAN. I am Mrs. Lillian J. Huff, Chairperson of the D.C. Mayor's Commission on Food, Nutrition and Health. This organization has been in existence since the White House Conference in 1970. It is composed of people representing all facets of life in the District of Columbia. Several members are present this afternoon. One of our commitments is to improve nutrition and nutrition education for all people.

We commend you, your committee and staff for making these hearings possible and for the publication, *"The Role of the Federal Government In Nutrition Education."*

The Commission endorses the concept that good nutrition and nutrition education is the right of every citizen. Furthermore, we believe that the basics of education should be *"reading, writing, arithmetic and nutrition."* For several years, we have "pierced" the Board of Education concerning the need for nutrition education for all students (and teachers! - and principals!) We cooperated with the School Food Services Department in their *"Stick Up For Breakfast"* campaign, which was jointly sponsored by the Kellogg Company, in spite of opposition related to the "Industry Aspect". For the past eleven years, the Food Stamp Advisory Committee has made pleas in Congress for nutrition and consumer education to assist participants in using the food dollar more wisely -- but without success. Most of us feel that the Food Stamp Program has been a failure in raising nutrition levels sufficiently to impact on better health because of insufficient nutrition education.

It is easy to criticize the past, however, we will mention a few aspects that can be the basis for improvements in the future. The report, "*The Role of the Federal Government in Nutrition Education*", clearly shows "decentralized" efforts in nutrition education. In our experiences, most government publications (tons of them) are written in bland, non-stimulating, sometimes too technical language. Eventhough more emphasis is now being placed on nutrition education, still, there is *LACK OF PRIORITY* when *BUDGET ALLOCATIONS* are made. Let's face it! The operation of programs require money -- the same is true of nutrition education activities. Laws involving food and nutrition programs, generally, do not make nutrition education mandatory. Also, there is no built-in research or nutrition surveillance. It is regrettable, too, that many administrators of food programs are not even familiar with the fundamentals of nutrition education. So much for criticisms!

Since we represent a community group, we would like to tell you what consumers want to know about nutrition education. These questions are not listed in order of priority, but relate to overall views:

1. *What is good nutrition?*

2. Where can bona-fide information on nutrition be obtained?

3. Are we paying fair prices for food?

4. How are food prices ascertained?

5. What is in foods (related to additives)?

6. What is the relationship of food to health?

7. What is a nutritious meal?

8. How does the food industry operate?

9. What are the employment policies of food concerns?

10. How to buy foods economically?

11. How to prepare and store foods?

12. How nutrition relates to cultural practices?

13. What is the nutritional status of people in the community?

14. What are the industrial-ethics in manufacturing non-nutritious foods (junk foods)?

15. How can diet help to lengthen life?

16. How are government food programs funded?

It is significant, also, that there are important elements related to how information is given to the public. Special efforts to label information "*for the poor*" is not acceptable. There is a common notion that certain foods are for the poor, e.g.

beans, rice, etc. These foods are nutritious, but should not be emphasized in this context. A generalized approach to the population is better. Relating materials, culturally, has its sensitivities, too, but should be included in general presentations. Community-tested ideas are also, important as an element in planning nutrition education information. The language, should not only be understandable, but also, possess enthusiastic, colorful, "catchy" tones.

The subject of ***NUTRITION EDUCATION*** is so vast and broad. However, we are offering some thoughts on improving the relationship of government to its citizens in this regard. Again, these ideas are not listed in the order of priority, since each item is important.

(1) Nutrition education should be mandatory in public and medical schools. Actually, there should be a life-cycle nutrition education program for all citizens.

(2) All facets of the media should be used for public education in nutrition. Professionally trained persons should be a part of this effort.

(3) Imaginative, innovative training in nutrition must be fostered for lay-persons as well as professionals. All teachers need education in nutrition.

(4) Family financial planning (or money management) should be an integral part of nutrition education - knowledge is needed on how to get the best out of the food dollar.

(5) Nutrition education must be a part of the national health care system placing emphasis on preventive aspects. The national health debt could be lowered, eventually, by improvement in nutrition health habits.

(6) Industry should accept the responsibility for nutrition and consumer education - especially at the point-of-purchase. There was a short-lived effective program in the District of Columbia called "THE SHOPPERS GUIDE". This service helped consumers to make better food buys. Because of lack of finance and personnel, the program did not continue.

(7) Advertising is another channel for truthful information about food and nutrition. Our government should continue enforcement of regulations regarding advertising more strongly.

(8) Food adulteration needs more scrutinizing by FDA and regulations should be tightened to prevent this situation. Nutrition education should include information on this subject.

(9) Recognizing that overweight is one of the nation's public health problems; more scientific information on nutrition and obesity is needed to combat food faddists.

(10) Congress is urged to include nutrition education as a part of all food programs - meaning the necessary appropriations for implementation and maintenance.

(11) Research, related to present situations, should be a part of all government programs. This effort should be coordinated under one umbrella.

Finally, recognizing the need for the highest political backing, a cabinet level office, related to food and nutrition matters, should be created. This would offer national visibility of a vital problem and provide an opportunity to improve the health of the nation.

It is further recommended that Mayors create active, community commissions on food, nutrition and health to serve as a stimulant to improve and formulate better nutrition programs and diets of our citizens.

Mr. RICHMOND. We certainly thank you and your associates for coming. We hope you will give your president our best regards.

These hearings are recessed until 10 a.m. tomorrow morning.

[Whereupon, at 4:35 p.m., the subcommittee stood in recess.]

ALLENNA LEONARD, PRESIDENT OF WASHINGTON ASSOCIATION FOR TELEVISION AND CHILDREN

Members of the Subcommittee, staff, ladies and gentleman: My name is Allenna Leonard. I am President of the Washington Association for Television and Children. We wish to share with the Subcommittee our views and the views of the parents and others who express concern to us about information on nutrition and health.

WATCH is a local nonprofit membership organization devoted to the improvement of programming presented to children on television and the education of the public about its effects. Our concern includes both the program content and the advertising content that children see; both the products and the way they are sold.

As part of our public education activities, WATCH spoke last year to over sixty local P.T.A.'s, civic groups and church groups. Before each presentation, we passed out and collected a short questionnaire asking what the audience thought about various aspects of television as it relates to their children. After each presentation, we answered questions and discussed issues. From this experience, we believe that we have learned a great deal about the concerns of parents in a wide variety of lifestyles, income groups and neighborhoods in the Metropolitan Washington area.

One of the major concerns is the kind and type of nutrition information their children receive. If there is one message that comes through loud and clear, it is that parents need help in their efforts to provide good nutrition for their children. Advertising provides a substantial proportion of the information that both children and parents receive about individual food items. Unfortunately, advertising's main purpose is not to inform but to sell, and moreover, to sell those products which realize the highest profits. This results in the preponderance of information conveyed being related to a very small range of the available food items: namely snack foods, candy and heavily sugared cereals. This is especially true of children's shows and shows that attract a substantial child audience.

Parents are very concerned about the amount of junk food their children request—and often receive because the parents themselves lack the energy and the information they need to deny or limit their children's consumption.

Parents and consumers do look to the government for help to provide them with trustworthy information they can use in making decisions about nutrition. They also look to the government—and the programs with which the government is associated—to set a good nutritional example.

There are a number of ways that the government could act to promote better nutrition and a more balanced range of information about food, diet, et cetera. Some of the ideas, that parents have expressed which could be translated into legislation to us are as follows:

Require that federally funded or assisted breakfast and lunch programs in day care centers and schools provide children with a high level of nutrition. A parent has no leg to stand on if the school meal program offers hot chocolate and Hostess Twinkies for breakfast and heavily processed snack foods with lunch.

Establish limits on the proportion of child directed advertising for foods which are high in sugar. The free market place in food consumption is not restricted to Coke vs. Pepsi or Fruit Loops vs. Fruity Pebbles.

Prohibit cereal products with over 25 percent sugar from being advertised as breakfast cereal.

Require that ingredients on packages be listed by percentage in print large enough to be seen without a magnifying glass.

Prohibit premium advertising to children. Whether or not a package has a trinket inside is no basis for a nutritional choice. Children in particular lack the judgment to evaluate such hard sell techniques.

Support the development of up-to-date and attractive nutrition information for school children from grades k–12. A commercial may cost up to $150,000 or more to convince a child that a snack food item should be purchased. No such promotion is advanced for apples, raisins, nuts or carrots. It is up to the public to see that parents and children are presented with positive information about healthy food and warnings about the effects of too much sugar and too many additives.

Consider the implications of food habits on the consumption of energy. It takes a lot less energy to put an apple or a baked potato on the table than a bowl of Apple Jacks or a processed and reprocessed stackable potato chip. Much energy is used both in processing and in packaging which could be conserved.

Support the production of Public Service Announcements on good nutrition to provide some balance to the overwhelming repetition of junk food messages.

In conclusion, the comments that parents have shared with WATCH through our discussions and survey questionnaires are that they are concerned about TV advertising about sugar, about additives, and about highly processed foods. But they are confused as well about how much is harmful and what the facts are about sensible nutrition. They are angry about what commercials sell to their children and how they sell to them. Especally they are angry on behalf of frustrated preschool children who are induced to want foods their parents do not wish them to have.

We asked that the Subcommittee consider their voices and ours in this important issue.

I would be happy to answer any questions.

NUTRITION EDUCATION

WEDNESDAY, SEPTEMBER 28, 1977

House of Representatives,
Subcommittee on Domestic Marketing,
Consumer Relations, and Nutrition of the
Committee on Agriculture,
Washington, D.C.

The subcommittee met, pursuant to recess, at 10 a.m., in room 1301, Longworth House Office Building, Hon. Frederick Richmond (chairman of the subcommittee) presiding.

Present: Representatives Glickman, Volkmer, Symms, Heckler, Grassley, McHugh, and Baldus.

Staff present: Luise Light, Joseph Crapa, Ann Cole, Rita DiSimone, Christine Abram, and Peggy Pecore.

Mr. Richmond. The subcommittee will come to order.

These hearings are a continuation of the nutrition hearings that we began yesterday. We want to welcome you.

In the interest of listening to testimony of 15 different groups this morning, we would like you to limit your oral remarks to 5 minutes. We will take all of your written testimony and include it in the record as though it were read here in its entirety.

If you will summarize your testimony within 5 minutes we then can get on to questions and then move on to the next witness.

Our first witness this morning is Sheila Harty, researcher for the Ralph Nader public interest project.

STATEMENT BY SHEILA HARTY
Before the
SUBCOMMITTEE ON DOMESTIC MARKETING
of the
HOUSE AGRICULTURE COMMITTEE
HOUSE OF REPRESENTATIVES
Washington, D.C.
September 28, 1977

Chairman Richmond and Members of the Subcommittee, thank you for the invitation to present testimony on the educational materials presently available on nutrition.

My name is Sheila Harty. I'm an education media specialist working with Ralph Nader's public interest groups. Through my research I have become familiar with the educational materials sponsored and distributed by industry.

Educators experience increasing demands to provide relevant and practical curriculum on such subjects as nutrition, consumer economics, and environmental science. Yet financially-strapped school systems find it difficult to provide materials for such curriculum reforms and innovations. Consequently, teachers rely on supplemental materials. On key, industry has recognized the prospects of another market.

Corporate public relations and national trade associations have responded by producing sophisticated educational materials, some graded K-12, teacher guides included. These materials are available to teachers upon request, advertised in educational publications, or through publicity catalogs distributed to school systems. Presented as "public service information," the cost of producing these materials is tax deductible.

Industry argues that their specialized fields can provide invaluable knowledge and experience. The question is whether instructional materials in a product area prepared by those with vested interests could be free from bias or promotional advantage. Schools should be protected as neutral zones from solicitation and enterprising influence.

Food industries influence eating habits which can affect whole generations through improper nutrition. Junk food available in school vending machines is already a reprehensible example. Yet nutrition is a major subject for industry teaching aids, coming second after science among 24 educational subjects addressed by Fortune's 500.

The Educators' Guides to Free Teaching Aids are popular resources for supplemental materials including print and audiovisuals with catalogs for various subjects or instructional media. In the 1976 edition of the Educators' Guide to Free Health, Physical Education, and Recreation Materials, there are 263 listings under "Food and Nutrition." Of these, 44% are from industry, 23% from federal and state agencies, 22% from instructional media centers, and 11% from miscellaneous sources such as foreign governments and professional associations. This prominence of nutrition education materials from industry lacks balance with consumer interests and doubles government's efforts in the field.

Instructional materials available through media centers or film distributors can be deceptive. When industry does not prepare its educational materials in-house, the instructional media centers to whom they contract are listed by the Educators' Guides as the source for the film. Teachers have no way of knowing beforehand that a film is sponsored by a particular industry. One film, called "Mr. Peanut's Guide to Nutrition," is listed as available from Associated Sterling Films. The film is actually sponsored by Standard Brands, Inc., in association with Safeway Stores.

Such an extensive market of educational materials should have some system of accountability. Yet there are no oversight procedures established for industry's teaching materials by either the Federal Trade Commission, the Department of Health, Education and Welfare, the National Advertising Review Board, the Council of Better Business Bureaus, educational associations, or state departments of education.

The Association of Supervision and Curriculum Development in 1953 and the American Association of School Administrators in 1955 published pamphlets to aid educators in "Choosing Free Materials for the Classroom." Both documents are now out of print and no revisions or substitute guidelines have succeeded them.

Because our school system is decentralized, state departments of education have deferred their own review and evaluation of materials to the school district level. This relegates the only discerning process to the place most vulnerable -- exactly where the financial crunch is felt. According to Ken Komoski of Educational Products Information Exchange in New York City, a research and evaluation institute for materials and equipment, industry materials are priced below commercial rates, if not sent gratis. Local school districts, consequently, are grateful for the availability of inexpensive instructional materials from industry.

For the conscientious teacher who recognizes the need for balance and contrast when using industry materials, alternative resources are limited. Public interest and consumer groups have only recently expanded into the production of materials. The Center for Science in the Public Interest has a catalog of responsible nutrition education materials. These, however, have a purchase price.

Coming from non-profit organizations, alternative materials often lack the seductive packaging which industry can afford, in addition to the means for publicity and distribution. Overworked or lazy teachers, consequently, are grateful for industry's full-packaged lesson plans which often come with full classroom sets of student handouts and spirit masters ready for the mimeograph. Where then is the balance for the classroom?

All industry educational materials provide the opportunity for brand name identification and image-building with their inherent long range profit return; but some examples of these materials show definite product promotion and bias:

Campbell Soup Company's materials on "Home Economics" and "Nutrition" have an advertising line on the bottom of each spirit master: "Campbell Soup's Help Make The Dishes That Save Money" and "Campbell Soup's Help Make The Dishes That Help Save Energy." All budget and nutritional tips in Campbell's educational materials are footnoted with references to the accompanying Campbell Cookbook in which each recipe has a Campbell product included.

The Campbell Soup Company also launched a collection drive called "Campbell's Labels For Education Program" with two-page advertisements in elementary school magazines. If students collected so many labels to Campbell soup and bean products, the company contributed free audio-visual or athletic equipment to the school. Not only were students soliciting their parents and neighbors to buy Campbell products, but students' learning time was also taken up sorting, counting, and bundling labels.

Post Cereals launched a similar marketing campaign called "Box Tops for Fun 'n Fitness" enlisting elementary school solicitors for their products in return for athletic equipment.

Libby, McNeil, and Libby's teaching guides to canned and frozen fruits and vegetables, desserts, juices, canned meats and seafood are also accompanied by Libby's recipe leaflets with Libby products in each recipe. The same is provided by the Pet Milk Company.

Kellogg's nutrition education materials do not mention any cereal products by name. However, Kellogg's "Tony, the Tiger's" familiar "G-Gr-Great" appears several times in the copy. In addition, three wall posters of suggested breakfasts each picture a different bowl of colorful or oddly-shaped cereals, a glass of milk, juice, and toast. This is typical of breakfasts suggested by other food industries, lacking in protein and creative alternatives. Kellogg's teacher guide and breakfast scorecard also come accompanied by an apologia on pre-sweetened cereals, as did General Mills with its pamphlet to teachers entitled "Some Straight Talk About A Rather Sticky Subject."

Companies with entertaining mascots repeat their advertising symbols on all materials, such as the wall posters from the Green Giant Company and infant nutrition materials from Gerber's. Pillsbury produces a nutrition teaching game with playing cards illustrating products with their nutritional value -- along with the Pillsbury Dough Boy. These are the signs of advertising.

The tobacco industry also distributes educational materials. Such lack of marketing restraint is particularly reprehensible for tobacco products when addressed to a strictly youth audience. Yet classroom sets of student booklets are provided free on the tobacco industry's contribution to each state. Their presentation reads like a social studies text beginning with a myopic view of the Indians' contribution to civilization and depicts throughout tobacco's historical value to American economic growth. Nicotine's presence in tobacco and its addictive effects are never mentioned, nor are the health hazards of cancer and emphysema.

Similarly, the classroom materials from the Pepsi Cola, Coca Cola, coffee and chocolate manufacturers omit mention of the presence of caffeine and its addictive characteristics. Instead, wall posters and colorful booklets focus on the history and development of these products, hiding the significant fact behind their continued use.

The most reprehensible example yet comes from the American Meat Institute which developed a comic book on "The Story of Meat" distributed by their member companies. It begins with the question: "Why couldn't the North American Indians living in a land teeming with natural resources lift themselves above their primitive stone age culture?" The answer provided is that the Indians' "failed to domesticate livestock for their principal food necessity - meat." Consequently, "Indian boys spent the rest of their lives hunting meat." This "constant struggle for food left no time to develop other skills," and thus their civilization did not improve. Such bias in material developed or distributed for classroom use is certainly unacceptable.

Savannah Sugar Co. and the National Confectioners Association distribute informational pamphlets for classroom use which describe sugar as an "energy source," a marketable phrase. There is no mention, however, of adverse reactions from low blood sugar, dental decay, or hypoglycemia.

Among industry and trade associations, the National Dairy Council is probably the largest producer of educational materials. Yet there is much controversy over its nutritional advice. The Council's recommended amount of three or more glasses of milk a day is excessive. They also recommend daily calcium levels far in excess of recommendations from other medical groups, such as the World Health Organization or the National Academy of Sciences.

Milk is merely a convenient source of calcium and protein, not necessarily the healthiest. The great majority of black, yellow, and Mediterranean races are lactose intolerant for whom the drinking of milk causes severe gastro-intestinal problems. In 1965, John Hopkins School of Medicine reported lactose intolerance in 15% of whites and 70% of blacks. This is cause enough for caution in recommending milk. Yet the National Dairy Council's educational materials mention nothing of this. Without such warnings, the Council's educational materials contain promotional bias for their product in disregard of sound nutrition information.

Education's free marketplace of ideas seems in danger of monopoly by corporate vested interests. Solutions are difficult. Regulation impinges on the freedoms of speech and press; review and evaluation procedures may weed out the worst but do not provide for the production and distribution of contrasting interests; nor does any application of the Fairness Doctrine for public service access seem logistically feasible.

There are prospects within HEW's Office of Consumer Education to establish a National Consumer Education Resource Center. Perhaps such a clearinghouse with funds for research and development or sponsorship grants could offset the lack of balance and diversity presently available in nutrition education. Certainly the need to address nutritional concerns, particularly in our schools, should be attended to by some agency without vested interests in selected food products.

I hope the Subcommittee will look into industry's educational materials, especially those on nutrition, and urge state departments of education to establish screening procedures so that students do not become a captive audience for market advertising. Parents and teachers should also exercise their concern by evaluating these materials in light of the nutritional information they want their children to learn.

Thank you for this opportunity to speak before your Subcommittee.

# # #

Mr. RICHMOND. Thank you, Ms. Harty. First of all, a problem with nutrition education is the way it is presented, if at all, in the public schools. Then, of course, there is the problem of the type of education that the average agribusiness uses to sell its products. These are areas that we will be going into extensively.

Then, of course, you know the Federal Government has 30 different nutrition programs at a cost of $70 million. We hope to learn from consumers how useful those programs are and how they can become more effective.

We hope to hear much more from the Ralph Nader public interest group in how we can best educate the public. It is just as much fun to eat nutritious food as junk foods.

Mr. HARTY. We would like to provide you with that research but I wanted to focus on this. Commercial advertising does have oversight procedures on it but the materials produced from the classrooms do not.

Mr. RICHMOND. We thank you.

Our next witness is Ms. Loretta Schwartz who is an outstanding journalist in the field of nutrition.

Ms. Schwartz, I want to compliment you on your article in Ms. Magazine entitled Hungry Women in America.

[Ms. Schwartz' prepared statement follows:]

Statement of

Loretta Schwartz, Journalist

Mr. Chairman, Members of the Committee. I am grateful for the privilege of sharing my perspecives with you. My name is Loretta Schwartz. I am an investigative journalist whose work centers exclusively on the problems of the disadvantaged.

For the past three years, I have travelled through the ghettos and back alleys of American cities, studying the problems of hunger and malnutrition and the federal programs designed to deal with them. Results of my investigations have been published in Philadelphia, Washington, Boston, Chicago, and nationally. I am currently writing a book about what I found.

In Philadelphia, in the fall of 1974, I found Buddy. Buddy might have starved to death right there in his brown metal bed, and some people think he'd have been better off that way. But he didn't. One person--a neighbor--cared and that's how Joanne Schwartz found him.

Schwartz, the nutrition program director at the Albert Einstein Medical Center, was talking to me from her seat in the blue Ford van. We parked the van in a South Philadelphia Italian neighborhood, walked to the end of a block of old but neatly-kept row houses, and knocked on the door of what looked like an abandoned store.

Buddy was sitting on the bed. Actually, that's where he spends most of his life. That's because he can't walk, or dress himself, or even go to the bathroom alone. So he sat there, his emaciated legs dangling uselessly over the side of a sheet that hadn't been changed in months. Flies walked on the soiled bedspread that covered him; empty peanut tins, dirty cups and used paper towels surrounded him. His thin blond hair fell in wisps across his high forehead, touching the large silver-rimmed glasses that framed his finely-chiseled face. His upper lip quivered and his body tensed with excitement as he saw us. Buddy is not an old man. He is only 38. That, I was to learn, was one of his problems.

"Hi," he said, raising one arm and then letting his paralyzed hand drop against his bare chest. "It's so good to see you."

Buddy lives with Jim, an elderly and senile uncle whom he loves and tries to care for. But Buddy, who weighs only 74 pounds, needs care himself. Sometimes a neighbor comes and carries him to the bathroom, or opens one of the cans of food that the Department of Welfare homemaker brings when she visits once a week.

"Tell me what the homemaker does", Joanne whispered. "Look at this place and tell me what she does!"

I looked. It was impossible to tell what color the linoleum had been because the layers of grease and dirt were so thick. The table where Uncle Jim ate looked as if it hadn't been cleared in weeks. Buddy said he had food in the cupboard, but because he had no way of getting to it or using a can opener, he ate only on occasions like this, or when a neighbor came. Recently he spent two weeks in a hospital. It was the first time in years that he had eaten three meals a day and slept in a clean bed.

Joanne handed Buddy one of the five lunches he would receive that week. He looked at the salad, chicken and Jell-O but he didn't begin to eat. He knew I was there for some reason, and a visitor is a big event when your world is as limited as Buddy's.

We talked a little and then Buddy said his voice a high whisper, "I'm so grateful for all that's been done for me". I figured he meant the lunches, since it didn't look like anything else had ever been done.

Just before I left I noticed the large, framed picture of a white-robed Christ with His arms uplifted, hanging above the metal bed. Sustenance.

Buddy's survival depends on those free lunches; lunches made available by the Corporation for Aging, a federally funded program which exists in part to feed poverty-level senior citizens one-third of their weekday nutritional food supply. But Buddy, at 38, isn't exactly a senior citizen and, in fact, Joanne is not supposed to be feeding him.

But Joanne wasn't taking any chances. "I tried that once," she explained. "I'd been delivering food to an old man on Winton Street in South Philadelphia. I'd also been giving lunches to his wife, who was under age. Then the man disappeared and the wife wouldn't tell me where he went; she was very uncooperative and sullen. So we got bureaucratic and stopped bringing her lunches. Five days later she was dead."

Representative Heckler is from Massachusetts. Let me tell you what I found there:

In Boston, in March of 1976, just before American's Bicentennial, I found Susan McCarthy. She was living alone in her third floor apartment at 52 Weld Hill Street in Jamaica Plain. She was starving to death, slowly, agonizingly.

Louise Krump, the director of the Eucumenical Social Action Council's Senior Citizens' Lunch Program, which was then delivering five meals a week to thirteen homebound elderly people, was driving me up the steep, tree-lined street delivering the lunches. An emaciated woman pulled at the edges of a torn gray sweater, her boney fingers red in the cold. She leaned heavily on a porch railing for support. Her large, bright blue eyes darted back and forth. Her head turned less quickly, and because she was so thin, the muscles and tendons of her neck stood out. She was waiting for food. As our car eased to the curb below her porch, the woman began to come down the steps, with what seemed an almost desperate urgency. She was at the door of the car as Louise Krump turned off the engine.

"How are you today, Mrs. McCarthy?" Louise Krump asked.

"I'm very weak." The words were clipped, the voice high and nervous, with a Boston-Irish accent. Although she spoke well, as a person who was educated, there was fear in her voice, in everything about her.

"I've had no food at all for three days," she said, "since the last lunch you delivered on Friday. This meal is not enough to keep me alive. Please, won't somebody help me?"

"I'm sorry," Mrs. Krump said, "but you know we have to deliver the other meals."

I looked at her. At 62, she was almost a living skeleton, her eyes were framed by huge dark circles, but the ashen skin, which stretched like bleached leather over bare bone, still revealed a small, upturned nose and finely shaped lips which made it clear to me that she had once been beautiful.

"Will you come back? You must come back," she pleaded, her voice trembling. Mrs. Krump smiled but did not answer.

"I'll come back," I said just as the car drove off.

I went back later that afternoon.

Susan McCarthy sat with me on the steps in the hallway, ashamed to let me see how she lived. She explained that once she had done Civil Service work in City Hall, then had served with the Boston School Committee as a legal secretary.

"I lost my job several years ago, and after my unemployment compensation ran out I received welfare for a while. But then in October of 1975, the Welfare Department told me that due to cutbacks in their budget they could no longer help me. They said I could work, and I want to work, but no one will hire me.

"I've had no income and I've paid no rent since last November. The landlord let me stay but because I had no money, I lived without heat all winter. My one blanket didn't keep me warm so I slept in my hat and coat and mittens, covered with piles of newspaper." She sat on the steps with her back very straight alternately wringing her hands as she spoke and twisting the Catholic cross that hung on her neck.

"The Friday before Christmas, my landlord gave me ten dollars. For days I had had nothing but water. I knew I needed food but I was too weak to walk to the store. I felt I was dying.

"I told the mailman I was starving and that's when they began delivering the meals."

But five meals a week are not enough to sustain life and each week Susan McCarthy gets thinner.

"I just pray to God I can survive. I keep praying I can have the will to save some of my food. On Friday, I held over two peas from lunch. I ate one pea on Saturday morning. Then I got into bed with the taste of food in my mouth and I waited as long as I could. Later on in the day I ate the other pea.

"Today, I saved the container that the mashed potatoes were in and tonight before bed, I'll lick the sides of the container.

"When there are bones I keep them. I boil them till they're soft and then I eat them. But today there were no bones."

Upstairs, the mattress which had become bug infested stood in the hallway and the springs of the old double bed were filled with neatly stacked piles of papers. Susan McCarthy said they were mostly copies of letters written to Mayor Kevin White, the Social Security office and the Department of Public Welfare as well as to local church groups and lawyers, pleading for food.

Then Mrs. McCarthy walked into the small clean kitchen and opened the refrigerator. Except for the container with the bit of mashed potatoes left from lunch, it was empty. There was absolutely no food in any of the cupboards.

I found Betty just outside of Washington, D.C. in Fairfax County, Virginia, one of the country's richest areas. On a dirt road, behind the George Washington Restaurant, hidden from the view of commuters and vacationing travelers, stood half-a-dozen filthy, dilapidated one-room wooden shacks. They have no heat in winter and no hot water. Betty, who was six months pregnant, lived in one of them with her mother and they often were without food. When the car pulled up, the frail, thin 19-year-old came outside, bent like an exhausted old woman. She never asked me in, perhaps because she was ashamed of the tiny room visible through the doorway, and its rusty sink and torn sofa. But from what I could see, even if she hadn't been ashamed, there would not have been enough room for us to stand inside. The place was that small.

Betty greeted me without energy. And I asked what had now begun to seem like a natural question. "Do you have any food in the house?"

She barely answered.

"Have you eaten lately?"

Again, no answer.

"The baby needs food," I suggested, looking for something to say.

Betty put her hands on her stomach and patted it gently, sadly, with resignation, like someone who was resting after a long struggle. "Not anymore," she said, her voice trailing off and her dark eyes growing misty, "I've been to the doctor. There is no heartbeat. Food doesn't matter anymore for me. My baby is already dead."

Gentlemen, these are only a few of the people I found. They live in every city and rural area that I have travelled in, and, I am sure, in those that I have not yet visited.

We are the richest nation in the world. Our food stockpiles cost half-a-billion dollars a year to maintain. Over the past twenty years, we have been shipping rice, wheat, and grain out of America at the average rate of 70 million pounds a day. Yet 30 million Americans are living below the poverty level and most of them are hungry.

Dr. Alfred Klinger, a Boston physician, states that there is eight times as much tuberculosis, four times as much heart disease, four times as much bone and joint disease, six times as much central nervous system and mental disease, eight times as much eye disease, and 60% more premature deliveries among the hungry and the poor.

Dr. Robert Livingston, a neuro-scientist at the University of California, estimated recently that in the United States there are approximately 2 million pregnant women, infants and young children in whom malnutrition seriously jeopardizes brain development.

Richard Finegan, Boston's Food Stamp Coordinator, estimates that one out of every ten people in this country goes hungry at some time in his or her life.

Gentlemen, you are engaged in a comprehensive study of the role of the federal government in nutrition education. You are distrubed that the thirty programs which claim that nutrition education is a component of their activities, overlap, duplicate, and contradict one another. That is , indeed, an issue of education, but I believe that before we can educate the consumer, we must educate the government. When I was called to come and speak to this Committee, I was asked why it is that I find these people and the government does not. I think the answer is simply that you do not find the hungry unless you are willing to travel to the tenements and shacks where they live.

Barbara Leff, the energetic young director of public relations for the Corporation for Aging in Philadelphia, told me, "I've lived in Philadelphia all my life, and I was dumbfounded. In all these little alleys in south Philadelphia are one and two-room shacks. Old people, mostly white, live in these places--sometimes without heat or water or gas or food. These people are extremely isolated. Often the only person they see is the driver who comes to deliver their meals; the people who need us most don't have radios or TV sets to hear our public service announcements. And even if they did, most of them don't have phones, or sometimes they're simply afraid to call." Yet most of our bureaucrats remain in their carpeted offices, far from the hunger, the fear and the isolation of those who are quietly starving.

Often when the hungry venture out in search of help, they are met with inefficiency and indifference.

At 10:30 on a Tuesday mornng, I walked into the Humboldt Park food stamp office at 2753 North Avenue in Chicago. The huge room was packed with people sitting on rows of attached plastic chairs. Each person took a number and then waited--often all day. I walked past the puffy-faced, sleeping guard and sat down in the back of the room next to a tired-looking redhead with two children.

She talked eagerly, seeming almost desperate for someone who would listen to her problems. "For six months, I haven't been able to get food stamps or money from the Department of Public Aid," she said. "Somehow, I got on the wrong mailing list. Nobody knows why I have been cut off. Nobody knows how to get me back on. They tell me they're working on it. Meanwhile, I am about to have my electricity and gas cut off. I have no money or food. I have a notice that I must move, but I have no place to go. The food stamp office has been promising me emergency stamps, but so far I haven't been able to get them, either."

Our conversation was stopped by a heavy-set woman dressed in a black pants suit. She identified herself as Arlene Fieldstell, Administrator of Intake. "It has been our operating rule that no one is allowed to talk to people in the waiting room," she said, her voice trembling with rage. I was led away, almost pulled from the room to an upstairs office.

There, in a carpeted room with an acoustical tile ceiling and padded swivel chairs, I was told to wait until Fieldstell could find her supervisor, James Patterson. When I asked whey the woman downstairs was left for six months without food or money, I was told, "There are thirty variables and they must be checked before a person can get any stamps. In order to be fair across the board, we make sure that no client gets any special consideration. And," she continued, "we cannot assume people want to talk to you. We cannot play God."

In fact, that is precisely what some bureaucrats do. Stanley Barbin, Food Stamp Coordinator for Cape Charles, Virginia, spoke about how many free stamps he personally gave away to migrant and seasonal farm workers who he described as "people without scruples". When asked if you could teach these people to better their lives, he replied, "can you teach a cat to talk?"

Poor and impoverished and hungry as many Americans are, they feel this contempt and some would literally rather die than submit themselves to it.

"They talk about hunger overseas," said a warm, energetic looking lady at the St. Stephens Episcopal Church in Boston, "but Mary Mullins, the lady next door to me in the projects, starved to death right in her apartment. This lady was like a toothpick. A tiny little thing. One day, I gave her two slices of bread. The next day when I came in with a bowl of soup, she was dead.

She didn't have a drop of food. Go down to the welfare, I had said, but she was too proud. Actually, it wasn't just pride; she had been there many times. Each time they had insulted her. They are not sensitive to the needs of the people. How can somebody who has never had to do without, know what it is like to live without food?"

The officials and bureaucrats who design and administer the policies need to walk into those tenements. They need to spend time there to learn about basic nutrition and how it works, and they need to see the horrifying social consequences of starvation. Until they do, they will not be enthusiastic about erasing it.

Mr. Chairman, Members of this Committee; We have not simply one group, a malnourished citizenry to educate, but three distinct groups who require your attention.

First, there are the bureaucrats who use paper and computers to isolate themselves from the reality of starvation. Secondly, there is the general public, which is largely unaware of the desperate hunger that exists in its own cities, towns, and neighborhoods. Finally, there are the malnourished and starving themselves.

What should be done? First, I believe that the people who implement your legislation and administer food-related programs must have direct and frequent contact with the impoverished individuals they serve. This will require a formal system of field training. This principle of continuing contact in the field must apply to government employees at the highest federal and state, as well as local, levels. Second, films, videotapes, and other educational materials, which deal vividly with starvation in all its physical, intellectual, and emotional aspects, and with its immediate presence in the United States, should become part of a continuing education program for the food bureaucrats. Third, promotion of government employees in these programs should be based on their demonstration of knowledge and performance of their duties under your laws. They should, for example, be required to periodically pass a formal examination which verifies their basic understanding of malnutrition and its consequences. Fourth, a separate and distinct investigation team which reports, not to the food bureaucracy, but to you, perhaps through the General Accounting Office, should seek out the hungry. It should determine if the food bureaucracy is meeting the mandate you have assigned it. It should report to you on the effectiveness of these activities on a continuing basis. If I can find the malnourished, surely the government with all of its resources could do even better.

Fifth; I emphasize that contact between food bureaucrats and the people they serve must be on a continuing basis. At specified intervals, administrators, for example, should leave their offices and work on feeding trucks which deliver food to the homebound. You cannot expect significant improvement until bureaucrats at all levels have this kind of direct and continuing contact with the people they serve. They must not simply have a vague awareness of need. They must witness, understand, and feel it.

The general public needs to be shown educational, investigative and documentary films on national television. They need to be told how they can be helpful. My experience in every city has been that once informed, many Americans want to donate food or time to those who need help.

Finally, the hungry themselves need to learn, first, that they are not shamed animals. They must be shown how to get and use well the resources available to them. All major food programs should counsel recipients. The hours people spend waiting on benches to fill out forms could be used productively to learn about food needs and ways to meet them. Why not use this time for films or tapes which would teach them both more about nutrition and how to obtain help? The lack of such educational programs not only leads to poor nutrition and apathy but, left unchecked, it becomes a perpetuating system which makes victims of the next generation.

Anna Jones needs that kind of education. She and her nine children live in a bombed-out, boarded-up section of North Philadelphia near 15th and Susquehanna.

A caseworker had informed me that the house is unfit for human habitation. The caseworker also reported that on a recent visit to the house she found the children eating a box of starch.

"There are plenty of other cases like this in Philadelphia; some are worse," she was saying as we stood shivering in from of Mrs. Jones' house.

Inside the dark living room sat Mrs. Jones, huddled in a bathrobe and a blue kerchief, on the only piece of furniture in the house, a torn, green couch now partially covered by a dirty sheet.

A plastic trash bag covered one of the broken windows but the wind tore through the others, past the living room, into the empty kitchen and down the rubbish-strewn, mouse-infested stairway to the cellar.

"Mrs. Smith, do you have any food in the house?" the counselor asked.

"Yes, I have food."

We looked in the refrigerator. The only thing there was some kind of orange liquid that had spilled and hardened along the bottom shelf and a single can of lard.

The kitchen cabinet hadn't one item of food. A pot sat on the hotplate with an old tea bag floating in its cold water.

The children came downstairs dressed in the school outfits which had been given to them by the Department of Welfare at the beginning of the year and were still quite new-looking--possibly because the children had attended school so little.

They came in silently and lined up, trembling without coats, behind the couch. Their hands were numb with cold but they stood there, little Spartans in their mother's army, determined to be loyal to her.

"Are you cold?"

"No," said a nine-year-old girl, spokesman for the group.

"Are you hungry?"

"No."

"When did you eat last?"

"We're not hungry," she said deliberately.

"Does your mother have food?"

"Yes," she said, "she does."

It was as if the kids had memorized a liturgy before their mother brought them down from the bedroom where they sleep on torn, filthy mattresses without b[illegible]ts or pillows. Or perhaps hunger and cold had numbed them a[illegible]ost beyond feeling. The four-year-old boy didn't move, but just stared off into space, and the 17-month-old infant sat there drinking water from a bottle. I was told that she has never uttered a word.

Before I left, I saw something in the eyes of one of the children, a desire to communicate--something. He was Paul--a boy of eight--but his physical growth had already been retarded by about three years. I bent down.

"Would you like to come back to school with us?" I asked. "It's warm there, and there are lunches."

He didn't say anything but slowly he lifted his hand and gently touched my fingers. I smiled. His large brown eyes filled with tears; then he nodded his head.

Mr. Chairman and distinguished Representatives. There is a greater challenge before you than you may have imagined.

The real concern goes beyond the cavities that children get from eating multi-colored sugar-pops, to the horrifying fact that many children cannot get them.

Those who are really concerned with nutrition and education cannot ignore the fact that 90% of the eligible elderly cannot partake in the programs for which they have established need, and that many of those who receive hot lunches are trying to survive on them alone.

It is unconscionable that while this country produces enough food to feed, and feed well, 50 million more people than it contains, millions of American men, women, and children are starving.

We do not need more food. There is enough food in America's garbage cans to feed the hungry. What we need is more strong leadership, more understanding and more education.

Thank you for permitting me to share my views. I do so with a sense of humility, a knowledge of the impotence of past efforts, and hope, resting largely in you, for the future.

Mr. Grassley (acting chairman). Thank you, Ms. Schwartz. The chairman has been called away for a telephone call. We both thank you for your testimony and appreciate your coming before the subcommittee.

(A copy of the October 1977 issue of MS Magazine is held in the subcommittee file.)

Mr. Grassley. Our next witness is Ms. Laura Hess, Governor's Council on Nutrition from the State of Michigan.

House Sub-Committee on Domestic Marketing, Consumer Relations and Nutrition
Washington D.C.
September 28, 1977

Testimony by:
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INTRODUCTION

In 1975 Governor William G. Milliken of Michigan issued an Executive Order establishing an Office of Nutrition and a 15 member Advisory Commission on Nutrition. The 15 members of the Commission come from quite diverse backgrounds and bring a wealth of information and varied perspectives to the Commission.

Two of the major charges to the Office and Commission were to develop a state plan for nutrition services and to promote nutrition education. The plan was completed earlier this year and in April was accepted by Governor Milliken as policy for the state. While the plan outlines 10 goals, three of them relate specifically to the issue of nutrition education:

Goal - To develop an awareness of the principles of normal nutrition among school age children

Goal - To increase consumer understanding of and adherence to nutrition principles

Goal - To maximize the consumer's ability to restore and maintain good nutritional health by practicing sound nutrition principles

A fourth,

Goal - To maximize the ability within the state to positively address nutritional problems,

is viewed as necessary if the educational process is to be on target, programs effective and changes monitored.

Michigan is one of the few states to have developed such a comprehensive policy. Its goals and objectives have implications for activities and support mechanisms that must be built in at the federal level if Michigan and other states are to be successful in their individual and collective efforts.

TESTIMONY

I. Nutrition Education in the Schools

School aged children are consumers. Not only do they spend their own money on food items, but they exert a considerable influence over the purchases made for the family. Their health is affected by what they eat or do not eat--in and out of the child nutrition programs--and the foundation for future health--good or bad--is being formed at these earliest ages. Outside of the family structure, school is a major educative influence.

In Michigan, nutrition/health education is not a required course; teaching the concepts of nutrition/health is left to the discretion and interest of the individual teacher. An effort to make health/nutrition education mandatory at the local level (in Michigan, school districts are somewhat autonomous from the state structure) failed in 1975 because anti-feminist lobbyists saw such a mandate solely as an effort to terminate the local discretion to teach sex education.

Pregnant students, a nutritionally vulnerable population, are not provided with a required course in nutrition/health education. And of the over 3,000 pregnant students in 48 state approved alternate education programs, many have easy access to quick snack food items and not to a school lunch program. Of the programs for handicapped students, a majority of the 60 percent responding to a questionnaire sent out by the Office, provide some type of nutrition education but feel that greater emphasis should be placed on it.

In meetings with teachers across the state, it became apparent that the two major reasons for the lack of nutrition education in the schools were

1) the fact that it is not a mandatory course and thus faced competition with other interests and 2) that teachers themselves had little or no background in nutrition/health education and thus were uncomfortable in discussing the subject. A survey was taken of teacher development programs at the state's colleges and universities. Twenty-two out of the 30 schools responded. Of these, less than 33% indiciated support for a required nutrition/health education course as part of the professional development curriculum; eight opposed it and seven expressed no opinion. In responding to the question "Is nutrition education necessary for a good education?" five schools answered positively; three favored incorporating such a course into a science, health or related course; 12 responded negatively citing the already heavy coursework requirements and two saw neither a necessity for a course nor a need on the part of the students.

The other accessible resources for teachers are their professional journals, Today's Education and the Michigan Education Association bi-monthly newsletter. Over a six-month period, each had one article dealing with health. Today's Education dealt with diet and the hyperkinetic child and the MEA newsletter outlined its policy position recognizing the importance of health and environment in effectively teaching children. Today's Education issues also included advertisements for Food Day, and an industry sponsored drawing (breakfast) contest and a nutrition education kit.

Support services for nutrition education in the schools from the State Department of Education are minimal. Several attempts have been made since 1969 to develop curricula guidelines for nutrition education, but it was not until 1975 that the Michigan Dietetic and Public Health Associations, in conjunction with the Department of Education, finalized them. To date, there has been no concerted effort to incorporate the guidelines into the classroom. Plans are underway now to hire a nutrition education specialist at the state level to better coordinate and promote the guidelines.

The primary resource for Michigan teachers wanting information about nutrition and teaching nutrition is the Dairy Council. Sponsored by the state's dairy industry, the Council directs workshops and develops teaching methods and provides resource material for groups of teachers. Their resources, however, are also limited and they cannot nor should they be charged by default with the responsibility to educate school aged consumers. In some instances Cooperative Extension home economists and Expanded Nutrition Program aides provide classroom instruction.

II. Goal - To Increase Consumer Understanding of and Adherence to Nutrition Principles

The major functions of nutrients are to supply energy, promote growth, maintain and repair body tissue and regulate body processes. In order to attain the optimum of these functions, consumers must be able to choose foods that provide essential nutrients. Nutrition education can provide consumers with the expertise to make the proper choice and thus can have an effect on the individual's general health and can enhance therapeutic care during illness.

For the adult consumer, the ability to obtain reliable, constant information about nutrition is limited at best. The presentation of such information in a format that promotes an appropriate behavioral change is an even more limited proposition. There is little question but that consumers have an increased need for information that will enable them to make appropriate food choices. The rates of diseases that have nutrition implications are inconsistent with the wealth of this nation. Appropriate food choices and continuing information could reduce the rates of these diseases in future generations and could reduce the severity of them in today's older generations. Sheer survival among rising health care costs demands that preventive protocols, including good food habits, be emphasized.

There is little question that the public is becoming nutritionally aware and interested in good food habits. Activities in Michigan: the formation of an Office of Nutrition, a state Advisory Commission, the development of local nutrition coordinating councils and a state coalition, the interest in child nutrition programs, the response to the state plan and its development, the controversy generated over efforts to regulate foods sold in schools, the united effort of food advocates and business to address emergency food needs and the involvement of Michigan activists at the national level are all indicative of nutrition as an issue whose time has arrived. Nationally, the response to advertisements for nutrition information, the advent of consumer groups focusing on nutrition and their ability to command significant financial contributions, the federally recognized need for CSA's community nutrition funds, the groping of federal officials for an answer to lower health care costs, the controversies generated over food issues such as saccharin, nitrates, artificial colors, flavors and preservatives point towards the interest on the part of the consumer. It also points to a dissatisfaction with the method and speed within which nutrition related issues are filtered through a multitude of federal agencies, each of which adds to the stirrings of the controversy rather than its resolution.

The resources in Michigan for nutrition information are many, varied and on the whole, ineffective in meeting the need.

The Food and Drug Administration authorized $400,000 for a pilot project with the Greater Occupational Industries Council of Detroit. Persons could be employed by the project only if they met certain unemployment criteria similar to the CETA program. Project employees spent their time distributing booklets about health and food at group meetings and in grocery stores. As a nutrition information program, the project was ill-conceived and poorly implemented. Contact with existing program managers was made after the project had been in existence for some time; its evaluation was minimal and not geared to the effectiveness of the information presented. As an employment program it developed other problems.. FDA's other informational programs about nutrition do not have a high visibility in the Michigan community.

Cooperative Extension is a federal program that could increase consumer awareness of nutrition principles. Each of Michigan's 83 counties is covered by the Cooperative Extension Service. Food preservation and weight reduction seem to be the most popular topics addressed at almost all of the project sites; interest in nutrition issues beyond that depends largely on the background of the farm agent or home economist. In 1976 a telephone hot-line between local Extension offices and the state's agricultural college, Michigan State University, was established to expand the home economist's access to technical resources available through the University. Unfortunately, Cooperative Extension is a known commodity in rural areas and relatively few urban residents are aware of or make use of its services.

The Expanded Nutrition and Family Program was developed in 1969 as part of Cooperative Extension and implemented with little advance planning. In Michigan, its services are available in 29 counties and it is reaching about 15 percent of the potentially eligible low income population. The nutritionally vulnerable Native American population in the state has virtually little contact with ENFP aides. Evaluations of the ENFP do not address the effectiveness of the educational program on consumers. While vignettes relate the response of consumer participants to the program, they do not measure in hard data, the ability of ENFP to create and sustain a higher informational awareness level among the consumers being served. The aides themselves have shown a marked improvement in nutrition habits. As an outreach effort for the federal food programs, ENFP is effective among the families it serves.

Community Action Agencies are a federally funded community contact point with low income consumers. Of the 28 CAAs in Michigan, less than one half provide direct consumer nutrition information. The effectiveness of their outreach efforts for federal food programs has also been given mixed reviews.

There is no nutrition information available through Department of Social Services offices and persons most exposed to it at local Health Departments are those consumers participating in the WIC supplemental food program. Each senior congregate meal project is required to incorporate nutrition education into the site activities, but there is little information available about the amount of time actually spent on nutrition and the effectiveness of the information provided.

Middle and upper income consumers have a need for nutrition information that is just as great as lower income consumers. The advantage that the more affluent have is money so that, although they may spend a considerable amount of money on foods with limited nutritional value, they may also eat the necessary daily nutrients.

A six month survey was taken of the nine most popular magazines in Michigan and a one month survey of four of the leading daily newspapers. The magazines had an average of 2.5 articles and 2.0 nutrition related advertisements per issue. The major topics included menus for cooking and special diets, cholesterol and the diet, food labeling, dental caries and food, American food habits and attitudes, cancer and foods, fiber, ethnic food stores and feeding young children. A majority of the articles pertained to dieting and included general dieting tips and specific diet plans. In all, 18 diets were evaluated. Eleven were assessed as nutritionally adequate and seven were rated inadequate. Most of the authors did recommend that an individual see a physician prior to dieting and that a multi-vitamin be taken during the course of the weight reduction program.

Of the four newspapers analyzed, the Detroit News, the Detroit Free Press and the Grand Rapids Press averaged one nutrition related article every two days. The Lansing State Journal averaged one article per day. The topics of the articles included teenage eating habits, farm and food prices, dieting, the safety of the food supply, normal nutrition, canning, gardening, low income food budgets, food stamp distribution and recipes and menus. Details were limited. Articles dealing with food fads and eating habits were included in the women or family sections; those dealing with policy or current issues were in the business or metro sections.

Radio as a media has little nutrition information other than product advertisement. Television was not thoroughly analyzed. It could be surmised, however, that the saturation message is product promotion and that a discussion of food fads and issues is relegated to talk shows and news presentations. Public service announcements provided by the Cooperative Extension Service and Dairy Council are frequently shown only during Michigan's late evening viewing hours.

Industry, which promotes its products via the mass media, represents a potential funding and information resource for a nutrition education campaign. Of the 20 in-state industries that responded to a survey by the Office, more than 50 percent allocate five percent or less of their advertising budget for consumer education. Fifteen responded to a question regarding their company's philosophy on its responsibility towards consumer education. Nine felt it was clearly an industry responsibility; five felt it was a responsibility but not a priority and one felt it was definitely not a food industry responsibility.

III. Goal - To Maximize the Consumer's Ability to Restore and Maintain Good Nutritional Health by Practicing Sound Nutrition Principles

The consumer most urgently in need of sound information on nutrition is the one suffering from a disease with nutritional implications--cardiovascular, diabetes, obesity, hypertension, kidney and others. The need is for more specialized counseling, with a determined effort to modify eating habits. While an educational campaign for the populace can be general, therapeutic diet counseling must be more individualized to the specific disease, life-style and ethnic preferences.

Counseling for those specific needs, however is not readily available. Persons with nutrition related diseases come into contact with their physicians because of the severe conditions that can develop. The doctor, however, is perhaps the least qualified health professional to give accurate and appropriate information in a fashion that would promote behavioral change. In a survey of 30 health professional schools in the state, 70 percent were returned. Of these, 11 required a basic course in nutrition, two schools of dentistry, three dietetic programs and six schools of nursing. Six other schools incorporate some nutrition education into other courses and the remaining schools offer no exposure to any type of nutrition. Continuing education for the medical professionals through journals is limited for the medical, dental and nursing professional to an average of two articles per issue, according to a six month survey by the Office.

Doctors as a group seem reluctant to fully utilize the resources of other health professionals and few health professionals trained in nutrition practice outside of the more structured health care system of the hospital. The majority of patients must either follow the general guidelines suggested by their doctors which are not adapted to an individual lifestyle or they must be hospitalized in order to get more specific services of a dietitian. Such procedures contribute to the high cost of health care and their effectiveness has not been determined.

Within the community, there are few resources for the consumer needing therapeutic nutritional education. The local health departments have been identified by Michigan's State Health Planning Advisory Council's policy of "Health Education of the Public" as the potential coordinating agency for health information. Unfortunately, the report suggests that smoking and sex education be the primary focal points. Several Health Systems Agencies have recommended the establishment of regional health education centers. Nutrition would be one of the primary focal points of such centers. The local HSA plans must still be adopted by the state's Office of Health and Medical Affairs.

In a survey of all approved health departments in Michigan, it was determined that nine have nutritionists on staff. Nine departments, which cover 18 counties, provide services only as needed. These and 29 others provide nutrition services through a public health nurse whose ability to provide specific therapeutic counselling is limited both by training and interest. There is, in fact, a great disparity in the availability of nutritionists throughout Michigan's health care system. The ratio of dietitians to the county population range from one per 3,000 to a high of one per 43,000.

If the person does not obtain the counselling she/he needs in order to more effectively change eating habits and control the diet related illnesses, productivity on the job, at home and in school will be lost; medical costs will increase and the individual's quality of life suffers.

The private sector has stepped in to partially fill the gap created by the lack of adequately trained health professionals. Among these are the Michigan Affiliates of the American Heart and Diabetes Associations and Weight Watchers International. The Heart Association has 25 "Heart Units" and 20 information centers in the state. These units promote health/ nutrition programs according to the community's need for high-risk education. The Diabetes Affiliate provides special programs and activities dealing with the diabetic and provides hospitals and allied health professionals with information and guidelines for classes. In all, there are 30 chapters in Michigan.

Obesity is probably the foremost nutrition related disease in the nation as well as in Michigan. Using the national estimate of 20 percent or more of the population being 20 pounds or more overweight, it can be determined that almost two million Michigan residents have excess weight. Obesity, a problem unto itself, is also a contributing factor to the severity of other diseases such as diabetes, cardiovascular and hypertension. Weight Watchers, TOPS and Conway Diet Institute are the major weight reduction organizations in the state. They vary in terms of effectiveness and the adequacy of their approach to weight reduction.

The Michigan Dental Association has chapters across the state and each has an auxilliary unit with varying goals and objectives. They provide information to the schools and recently became involved in a state effort to regulate the sale of foods in school. Generally their visibility in the community is limited.

Substance abuse is a disease that has serious nutritional inplications, yet there are neither non-profit substance abuse associations to deal with the nutritional deficiencies, nor do most of the Abuse Centers themselves make nutritional counseling services available to their consumers of services.

Within Michigan, there are two populations that as a group are nutritionally vulnerable: the 50,000 Native Americans and the upwards of 30,000 migrant farm laborers. To meet the health needs of the Indians, about five percent of whom live on reservations, there are 31 Community Health Representatives (CHRs) and an additional six Community Aides doing work similar to CHRs in Detroit. Many of these positions are federally funded. Because of the multitude of assignments expected of the CHRs however, little time is left for activities specifically related to nutrition. For the migrants the minimal health service component in the state stresses treatment of the present acute problem. There is little follow-up of overall health status nor are appropriate referrals made to the nutrition services component where one is available.

IV. Implications

The federal government has been involved in nutrition education in Michigan for many years through its various programs. These programs however, have not proven themselves effective nor have the tools that can meet the challenge of nutrition education being effectively utilized. There is duplication of resources and little coordination of limited funds. The federal government is not using its clout to force changes that are imperative if the nutritional health of Michigan and the country are to improve. Industry has been virtually unchallenged in the food and food myths that it perpetrates on the consumer and conversely has not been tapped as a valuable resource in educating the consumer. Within the federal government itself, there is no single voice, policy, standard or leader that speaks with authority to answer the consumer's questions, provide direction or ensure safety. These issues must be addressed if we are to capitalize on the consumer's growing interest in nutrition and awareness of the relationship between nutrition and health.

A fourth goal of Michigan's nutrition policy is "To maximize the ability within the state to positively address nutritional problems." The federal government has made a start in the direction of identifying nutritional problems which this goal addresses. The data, however, from the HANES and Ten State Survey is not yet in a form that can be easily utilized by states and smaller geographic areas within them.

Surveillance--continual assessment of the nutritional status of the population is an important ingredient on which nutrition information and education effort can be based. It will assist in targeting appropriate programs and resources so that they are maximized. It would also increase the ease with which changes in nutritional status and program effectiveness can be monitored and evaluated. Nutritional information communicated effectively to an entire community can achieve behavioral modification and upgrade the nutritional status of the population. If that community has clinical nutritional problems, nutrition education efforts will achieve minimal success if the specific problems are not addressed in the educational effort.

There is a need for the federal government to implement its nutrition surveillance mechanism in a manner that is usable by states and local health officials. Nutrition education resources can thus be more appropriately channeled, status and program effectiveness monitored and evaluated and nutritionally vulnerable sub-groups reached.

About what is the public to be educated? That has not been determined. Is an educational system based on the four food groups appropriate for today's society? Can today's processed and combined food products be easily identified by the consumer as a member of a specific food group? Is an educational system based on nutrients and their functions more appropriate to our lifestyle and the nutritional labelling system in which we have just invested?

The health status of our adult population demonstrates a need for nutrition education. It must be determined what the public is to be taught.

The federal government has invested heavily in several nutrition education programs. Are they programmatically effective? Financially? Is the federal government paying the research segment of an agricultural college to develop bigger eggs and beefier cattle, while paying the health professional/

Cooperative Extension side to educate consumers to the evils of high cholesterol levels and the value of increasing alternate sources of protein in their diets? Paying farmers to grow tobacco while warning consumers not to smoke is a conflict important only to smokers. Everyone eats.

Programs operated outside of the sphere of government circles are playing an increasingly important role in the nutritional status of the population. One need only study the proliferation of the diet self-help guides for the overweight to recognize that some one is cashing in on America's collective effort to shed one billion pounds. On what basis is the consumer to determine that, "Yes, this book will help me."? Is the enjoiner, "See your doctor before beginning a weight reduction program" carried by most books a sufficient warning label? Who is standing at the doors of the doctor's offices today to count the number of patients suffering serious side effects from the liquid protein diet? Perhaps a better question--who is setting the standards and regulating the advertisements that condone and allow fads to be perpetuated? Who is requiring that drugs be labeled so that consumers can effectively determine whether they will interact with foods or other drugs they are taking? What is the balance between freedom of press and the public's right to be protected from quacks?

There must be standards and there must be regulations. The federal government as the guardian of the public health and welfare must set those standards and enforce them.

How are those standards to be set? Certainly not in a vacuum. They must be developed as a joint effort of scientists, health professionals and policy makers. They must be built on solid research principles and findings.

They must be free of taint or conflict of interest because of their funding sources. Timetables must be set so that the answers are established before the product is marketed.

The federal government must coordinate a program of nutritional research so that standards and principles can be established, so that product safety can be ensured and program effectiveness and information achieve minimal goals.

With adequate research being undertaken, standards established and enforced and consumer neeeds identified, the federal government must use its clout to ensure that all segments of an effective nutrition education program are implemented:

Require medical schools and teacher education programs which receive federal funds to incorporate basic nutrition principles into their coursework.

Require medicaid, medicare and appropriate recipients of Title XX funds to subscribe to certain nutritional care practices.

Require schools which receive funds from child nutrition programs to develop and implement nutrition education programs.

The federal government has regulatory authority over advertisements. Such authority must be exercised. This is especially ciritical for two particular segments--television commercials and advertisements for special dietary needs such as weight reduction. All commercials should be required to be within the context of daily food needs and the likelihood that permanent effects will be achieved by adherence to the regime prescribed.

It must be determined whether products other than those popularly recognized as food can--in fairness to the uneducated consumer--really be classified as foods or food supplements. Is a category more closely aligned to prescription drugs necessary to protect the public interest?

By bringing the industry more emphatically into the nutrition education effort, there will be more potential for success. Product information advertisements need not suffer in the process. Instead, a greater awareness of the place the product has in meeting nutritional needs could be created.

To undertake research, develop standards, enforce regulations and promote consumer awareness are varied and complex tasks. If the facets are to be coordinated so that the goal--an educated consumer with optimal nutritional health--is to be achieved, there must be a coordinated effort at the federal, state and local levels.

Michigan has a nutrition policy. Because of the coordination in the Office of Nutrition, the disjointed efforts of state, local and public and private groups are now beginning to work together to make an impact on nutritional needs. So too at the federal level is there a need for a policy that sets directions, ground rules, standards and administrative responsibility. Without a firm sense of mission and the resources to accomplish it, the problems that plague the federal effort today will still exist ten years from now.

The efforts of Michigan to analyze its own nutritional state of affairs has shown the need for a greater effort in the schools, for the general public and for those consumers with special dietary needs. Changes that are being recommended for the federal government will assist Michigan in meeting its commitment to its citizens and will speed its efforts considerably. What is needed in Michigan must also be needed by other states.

Activities in Michigan and the participation by Michigan residents in them must remove all doubt about consumer interest in nutrition. But to attempt an educational campaign in the schools or with the limited resources of public agencies in the face of an annual four billion dollar product promotion blitz by the food industry is the proverbial David and Goliath reincarnated. To continue in such a fashion is to fail to meet the public need.

The federal government must put its weight behind Michigan's efforts. To do this, it must:

1. establish a national nutrition policy
2. coordinate the administration of nutrition activities
3. implement a nutrition surveillance system whose data is usable by state and local health officials
4. determine an effective basis for nutrition education
5. evaluate and monitor the effectiveness of federally sponsored programs; set minimal goals for other programs
6. coordinate a program of nutrition research, establish nutritional standards and principles, ensure product safety

7. require incorporation of a nutrition education component in medical insurance policies, child nutrition programs and federally funded health and education professional development programs

8. establish and enforce standards for advertisement of food products. Review and revise food classification lists

9. initiate a mass media campaign and encourage participation by food industry in those educational efforts, and

10. assist state and local units of government in the development of programs that correlate with the federal effort.

MICHIGAN ADVISORY COMMISSION ON NUTRITION

Select Goals and Objectives from "Meeting Nutritional Needs in Michigan" Michigan State Plan for Nutrition, January 1977.

GOAL: DEVELOP AN AWARENESS OF PRINCIPLES OF NORMAL NUTRITION AMONG SCHOOL AGE CHILDREN.

Long Range Objective I

Make health/nutrition education a required part of the curriculum in all schools.

Short Range Objectives

A. Aggressively pursue mandatory legislation and action by the Board of Education to mandate health/nutrition education in public schools and an information program aimed at parents, students, administrators, and teachers of public and private schools. Support more central accreditation requirements for health/nutrition education programs.

B. Until health/nutrition education is mandated statewide an aggressive effort to encourage schools to implement health/nutrition education as a part of the curriculum shall be pursued. The following minimal factors shall be incorporated:

Identification of school districts and private schools according to local morbidity and infant mortality rates, income levels and freqency of teenage pregnancies.

Communication with local school boards, superintendents and principals and teachers associations to relay assessment of need, to reinforce importance of nutrition and to gain support for inclusion of health component.

Coordination of qualified public and private resources to provide supportive services to teachers.

Assessment of special needs that may exist within schools or school districts and adapt nutrition progarms to such needs as: ethnic or cultural diversity, pregnancy, socio-economic elements and handicaps.

Assurance that assessment test questions (grades four and seven) accurately measure student competency in nutrition.

C. Until statewide health/nutrition is mandated, the districts shall be urged to incorporate health/nutrition education in alternative education programs for pregnant students.

Long Range Objective II

Health/nutrition education in junior, middle and secondary schools shall not be restricted to special interest classes such as home economics, but rather shall be bi-lingual where appropriate and incorporated into all curricula so that student participation is maximized.

Long Range Objective III

When health/nutrition education is mandated, graduates of teacher education programs shall be required to exhibit competency in the basics of health/nutrition education.

GOAL: TO INCREASE CONSUMER UNDERSTANDING OF AND ADHERENCE TO NUTRITION PRINCIPLES.

Long Range Objective I

Establish a mechanism within the State Nutrition Commission to address the need for consumer education.

Short Range Objectives

A. Coordinate public and private resources at the state and local level to avoid duplication and maximize dissemination of information to consumers.

B. Establish and publicize a state resource center from which consumers and professionals can obtain information about nutrition literature and programs.

C. Initiate a state level training program to develop a competent and efficient response to consumers whose nutritional needs are being at least partially met through state agencies. Shall include, but not be limited to alternate care licensing consultants, food stamp workers, various food service personnel.

D. Ensure an adequate number of trained professionals and paraprofessionals to provide basic nutrition information to all consumers and to those such as Native Americans and migrants who are outside of the traditional health delivery system.

GOAL: TO MAXIMIZE THE CONSUMER'S ABILITY TO RESTORE AND MAINTAIN NUTRITIONAL HEALTH BY PRACTICING SOUND NUTRITION PRINCIPLES.

Long Range Objective

Ensure that the nutrition services needed within a given geographic area are adequately met and rendered by trained health care providers.

Short Range Objectives

A. Coordinate and maximize the competency of public and private resources to deal with specialized nutritional needs.

B. Maximize the consumer's awareness of appropriate food choices by working for improved ingredient labeling on food and beverages and consumer understanding of such labeling.

C. Maintain an adequate ratio of health professionals trained in dietetics to render nutrition counselling services to consumers in all geographical areas. Determine if there is a need to enhance opportunites of dietetic students to complete professional training.

D. Ensure establishment of appropriate mechanisms including third-party payments, as necessary to encourage utilization of professional services.

GOAL: TO MAXIMIZE THE ABILITY WITHIN THE STATE TO POSITIVELY ADDRESS NUTRITIONAL PROBLEMS.

Long Range Objective

Develop and coordinate a data base to continually identify the nutritional status of the general population.

Short Range Objective

Make data bases currently available from public and private resources amenable to an assessment of the nutritional status of the overall populations being screened.

pages i-iii are attachment to testimony provided by Laura J. Hess, Director, Executive Office of Nutrition, Lansing, Michigan before the House Sub-Committee on Domestic Marketing, Consumer Relations and Nutrition, Washington, D.C., September 28, 1977.

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Mr. GRASSLEY. I have a question. Would you expand just a bit on your suggestion of your incorporation of nutrition in the medicare and medicaid programs? For instance, there is legislation before the Congress suggesting that dietitians be reimbursed for their consulting with hospitals and nursing homes under medicare and medicaid. Would this be one of your suggestions or would you go much beyond that?

Ms. HESS. I would include HMO's. Doctors do not know how to treat nutritional problems. They do not have basic courses in nutrition. They do not have the ability to follow-up with patients or to give the patients the specific information that they need which is geared to the lifestyle and to the patient's eating habits.

A nutritionist is trained in the treatment procedures. However, most of the dietitians are only in the hospitals. That is where the jobs are and that is where the pay is.

People who have treatment at a private physician's office or a clinic do not have the sources of nutrition available to themselves because a nutritionist, as a profession, does not practice on a consulting basis.

There are many problems involved in that. But included in that problem is the fact that people who use the services of a nutritionist are not reimbursed as they would be for a doctor's care.

A doctor does not routinely refer his patients to a nutritionist if there are consulting nutritionists in the area. So that if a patient has severe nutritional problems that patient must be hospitalized in order to get the specific services of a dietitian.

Including nutrition services as a reimbursable service under HMO's, under medicare, under medicaid, and also encouraging its coverage under private insurance policies, I believe would encourage people and would encourage doctors to utilize the specific services of a nutritionist or a person more specifically trained in nutrition. Therefore, I believe that following this a lot of the nutritional health problems could be alleviated.

Mr. GRASSLEY. We thank you for your testimony.

We will call the next set of witnesses. This is panel No. 1. It is comprised of Dr. Joan Gussow, represented by Jan Dodds; Mr. Michael Jacobson; and Ms. Ellen Haas; and Ms. Mary Petrie.

Do you each have presentations?

Mr. JACOBSON. Yes; we do.

Mr. GRASSLEY. Then whoever wants to be first may go ahead and proceed.

Ms. DODDS. I am an instructor in nutrition at Teachers College in Columbia and I am representing Dr. Joan Gussow.

[The prepared statement of Ms. Dodds follows:]

Subcommittee on Domestic Marketing,
Consumer Relations, and Nutrition

NUTRITION EDUCATION HEARINGS
September 28, 1977

Janice M. Dodds
Instructor in Nutrition
Teachers College, Columbia University

This country has a crisis on its hands in nutrition education. The crisis is not because there is no money to fund nutrition education, or because there is no one to teach nutrition. . . though those things are true. If there *were* money, and the nutrition educators were available, the crisis would still be there, because the crisis arises from the fact that the content of nutrition education as it has been perceived is irrelevant to what people need to know to feed themselves and those they are responsible for.

That last statement contains within it an implied definition of nutrition education. Nutrition education according to my definition means teaching people what they need to know to *feed* themselves in a way that maintains their vitality-- their well-being, their ability to do work. Most of us in nutrition have thought or have taught as if we thought that people needed to know *nutrition*-- to know about calories, carbohydrates, protein, fat, vitamins and minerals and how these work in the body. *Some* people do need to know this information, but *most* people need to know what food to eat-- how to choose the better food when there are several-- or a dozen-- options. They need to know how to decide not only which is the more nutritious, but how to make that choice including in other factors such as cost, personal food preferences, amount of preparation needed, and so on.

As a matter of fact, nutritionists and food manufacturers have done a fairly good job of telling people about *nutrients*, informing them about what foods nutrients come in, and even which of them are important. Is there a TV-watching American who doesn't know of "women's greater need for iron" or who can't repeat the claim that vitamin C, in some product or other, is a good thing to have for breakfast? So the crisis is not related to nutrient-information, the crisis is related to the fact that at some point it comes down to making a food choice and-- since all things are not equal in every situation for every person-- at any one point in time there are always limits to the foods a person can choose.

At that point the questions that become important are not "how much vitamin C do I need?" but "How do I manage children who only want sugared cereal and candy?" "How do I decide which food product of a given type is best"-- for instance, "what sandwich fillings should I give to my children, myself or my spouse?" "How do I cook lentils, fresh broccoli, or brown rice?" "What lunch should I choose when I have fifteen minutes and $1.00?" "If I have to eat in a restaurant, what can I find on the menu that won't expose me to heart attacks, obesity and cancer?"

Those are the questions everybody faces, and no one is helping them with answers to those questions; no one is teaching people how to alter their eating habits when they want to. Let me give a personal example. Recently I had the opportunity, for the first time in a long time, to cook my own food. The fresh vegetables in the garden outside the house where I was living were not yet ready, so I perused the store for vegetables and found myself at the frozen food section looking over packages of frozen broccoli. Now I value fresh broccoli. I like the flavor, the consistency, and the extra nutrients I may get because I prepare it myself. Why was I at the frozen counter? I walked out of the store with the fresh broccoli, and on the way home I thought about what had happened. I realized that I was responding to my own ignorance. It wasn't that I was trying to save time. I hadn't been led to the frozen broccoli by some notion that it would take less time to prepare (that it was in the current vernacular a "convenience" product), I was led there by the fact that there were instructions on the package. I wasn't exactly sure how to cook fresh broccoli. I never do it, and I would have to find instructions in a cookbook. The frozen package had the instructions right there-- it would have been much easier. Then it struck me. Lots of people don't know how to cook starting with the basics any more. Why not print instructions and have them at the fresh vegetable counter for people to stick on their vegetable bags? Why not have supermarket-classes on cooking fresh vegetables among other things (like dried beans-- I usually cook them to mush and they are awful), or you could even have a promotion person at the fresh vegetable counter to teach preparation on the spot. That is nutrition education-- helping people use foods that are good for them when they don't know how.

Now doubtless some of you are horrified at the notion of a nutritionist who doesn't know the basics of cooking. All nutritionists are, assumed by the public to know how to cook, perhaps not tastily, but competently. And most of us have had "foods" classes where we learned the theories about food cooking. But cooking everyday is not a theoretical matter. And if you don't cook, with some regularity, you don't know how to cook. Moreover, I am, like so many women of mine and subsequent generations a product of the food processing era. I am not unique in the population. I dare say that many people in this room have the same problem I have. The task is not to say tsk, tsk but to recognize that this is the point we have come to. Now, how do we respond in a responsible way that will help the public learn, or relearn the food-selection and preparation skills they need to maintain their health.

Where in all this does nutrition education stand? What research have we done about changing food habits-- teaching people how to eat better? Very little basic research has been done since the 1940's about how to change food habits. We know people can change the foods they eat-- and that they have-- they have taken up thousands of new products over the last few decades and have abandoned many in the process. Overall they have learned to eat more fat, more sugar, more meat, less complex carbohydrate, fewer fresh fruits and vegetables. What changed public eating habits? The market place? the speeded-up life style? the movement of women into the labor force? all of these factors and many more.

We have done some research on how to send information-- on how to teach people information on nutrition-- and sometimes on food. But sad to say, most of its is relevant to a food supply and a market place that existed 25 years ago. Almost all nutrition education, even today, falls back onto the Basic Four. The Basic Four was a serviceable concept for people to use in food selection. It was easy and memorable, but it no longer fits our food supply and the choices we have to make. Into which group do you put Orange Crisp Crunch? Certainly not in the cereal group. It is no longer a cereal. It is candy-- and there is no candy group. Where do you put frozen chicken pot pie? It has more fat than protein, but there is no fat group. It doesn't fit into one group exclusively and it doesn't meet the serving portions suggested for the meat or the vegetable group. It is a nothing.

The Basic Four fits whole foods. We don't eat those any more because they are getting harder and harder to find in our food supply. Now the Senate Select Committee on Nutrition and Human Needs has come out with a set of recommendations called the U.S. Dietary Goals which suggest that we move toward eating whole foods again. At the moment, however, the food supply of the Dietary Goals is not the food supply that is available to most of the public, so that we need for the transition at least another scheme like the basic four. And if the food supply does not spontaneously change so as to make a move toward the Dietary Goals reasonable, does nutrition education include education in how to set up co-ops, plant gardens, start whole-food snack stands, whole food fast food restaurants?

You will notice that I have assumed here that the Dietary Goals are right. I believe they are-- not perfect, but right. From that several things follow. When a country has decided what kinds of foods it would be advisable for its citizens to eat, that country has stated a food policy. From that can be developed a nutrition education program-- teaching people what to eat for health. From a food policy grows-- inevitably, an agricultural policy-- a policy which helps farmers decide which foods to grow for their own and the public's profits. A Food policy implies a marketing policy, a set of actions whereby through taxes and/or regulations manufacturers are informed as to which foods are valuable to the well-being of the nation and which are not. In the context of dietary goals, designed to promote public health and well-being, we have a chance to act responsibly toward the public in keeping with the best scientific nutrition knowledge we have.

Given a food policy, within the setting of our current food supply and distribution system, what would a nutrition education program need to look like? My underlying assumption is that the program would be done initially under the rubric of research so that it would be systematically designed in such a manner as to allow for the measurement of food *behavior change*. In order to discuss what has been done and some of what ought to be done to develop an appropriate nutrition education program, I want to break my comments into the classical components of communication-- the sender, the message, the channel and the receiver.

We have spent a great deal of time and some money in the past on the sender. I include in this area the large nutrition education program for school food service personnel promoted by USDA and utilized in several states. Materials have been developed that are available to all states. Nutrition workshops have been held to encourage teachers and give them ideas for teaching nutrition in their classes. Some of these have been exemplary in their innovation-- their success has been manifest in the enthusiasm they have generated in the children they have touched, children who have been encouraged to bring new foods-- and new acceptance of new foods-- into the school and the lunchroom. Training for paraprofessionals has been undertaken with increasing success, the most outstanding program of this sort being the EFNEP program of USDA. I know personally that the programs in New York City have reached many people who would never otherwise have been reached. Workshops have been provided to community workers encouraging them to remember the importance of food and good food choices when they meet their clientele. These potential senders have been responsive and eager to learn more.

But the message we give them to send leaves a lot to be desired. I have already alluded to the limitations of the Basic Four in our current food environment. Most people fall back on the basic four as a concept that they understand and can teach and that the laity can also understand. Some people have insisted that because of the inadequacy of the Basic Four we need to teach nutrients to everyone. But 45 or so nutrients (which is what you are stuck with the necessity of teaching in a highly processed food supply) are many more than most people want or need to learn about. We need to teach food. Now even that is not simple. Do we teach about the foods that people already eat? Yes, that's part of it. Do we teach about the foods that are currently available? Yes, that's part of it too. Do we teach people what they should eat? Yes, but more still. Do we teach people how to get the foods they should eat? yes.

What to teach is still a hot issue. Those who feed children are prone to say-- feed children what they want or they will just not eat. Personally, I would rather they not eat junk and go hungry than eat junk. Children will change their food habits. They won't like it at first, but finally some responsible adult has to act on their behalf-- in their best interest-- and say, "this is the best, and I will not let you hurt yourself and have this junk. That kind of courage is what is needed by the Congress as well as by the nutrition community.

To a large extent the message determines the channel. When one is communicating *knowledge*, one can use many channels-- live people, television, film, print. All of these have been used, but we have relied heavily on print. Our primary thrust with nutritionists has been to generate materials and supplies with little attention to the effectiveness of the content. Much of it has been gimmicky, attracting attention, but not changing food behavior. "Mulligan Stew" is a case in point.

We have used television very little, yet with the availability of television tape attractive, well-produced and timely nutrition lessons taught by a knowledgeable teacher can be put into every classroom via the TV tube. We have evidence from at least one school district in New York that teaching children ahead of time about new nutritious foods that will be served to them at lunchtime can increase consumption and decrease food waste.

But the food itself is an equally important channel for producing change. In the course of my own research I discovered that whole wheat bread consumption increased over time after its first introduction, even among children who had had no education about its virtues. Children and adults will change their food intake when accessibility is altered. Hunger will work for you and acclimate people to a new taste. Although printed material is helpful, food is finally the most effective. Nutrition education with groups is always successful when lessons include tasting food. I have watched enough lessons with groups of people to be able to tell my classes in nutrition education-- do whatever you have to to serve the food about which you are teaching. You will change preconceived notions by that activity.

The fourth component of the communications paradigm is the receiver. We know so little about receivers and their food habits or opinions and receivers are fairly blind about the reasons for their own habits. Cultural Anthropology is just starting to put concerted effort into this area and their work needs to be supported. We need to do behavioral research to see what people choose and promote reflection on their part as to why they make the choices they do.

But the receiver is not just an individual making choices. S/he is an individual in a system. The choices are only possible within the systems of accessibility to foods. Although more people are growing food, the institutions of the society are where the bulk of the people get their food: the educational institutions which now feed children-- in increasing numbers from infancy through ages 17 at least and older; the vending machines that feed the population on the fly; the supermarkets that supply the homes across this nation; the restaurants of the fast food variety which have increased at an astonishing rate. Fast foods appear to be taking over the world. But I see no reason why they cannot serve vegetables, good ones as well as French fries. Do we need to regulate what they call a milk shake, a hamburger, a potato? My world collapsed when I realized that fast food milk shake, a hamburger, a potato? My world collapsed when I realized that fast food milk shakes were usually not that at all but processed food components mixed back together. I haven't tasted one since.

Given this situation, what are the implications for research:

With the sender-- First nutritionists need to agree on the messages in order to train senders with pertinent information.

With the message-- What is the content of the curriculum going to be? The messages need to be designed for specific audiences.

We need a new simple concept like the Basic Four that takes into account the way people eat-- in restaurants, on the run, out of a bag, off snack food counters-- and the food that is available.

We need to teach nutrition survival skills amidst the poor foods available and get the poor foods changed. Consumers need directions that make sense.

As people who guard the public, we need to make public statements about which of the food choices on the market are poor ones. Perhaps we need the equivalent of the FDA bulletin that reports what foods were unhealthy and confiscated last week. Criteria need to be set-- and with the dietary goals they can be-- to decide which foods those are. There must be more responsible action on behalf of the public from government agencies and from the professional community. These will often be unpopular actions and fly in the face of the economic community.

With the channel-- we need to put onto television and the popular press short messages that are based on the dietary goals. We need to employ sophisticated advertising firms to entice the public to value new foods and flavors: sour and tart as much as sweet; beans as much as meat; brown rice as much as white. I believe they can accomplish such objectives. All we need do is pay them to promote that end rather than promoting sugared, over processed foods.

We need to guard the nutrition quality of every food program that the government funds-- the school lunch program, the nutrition program for the elderly, the supplemental food program for women, infants, and children. We need to offer suggestions for change to restaurants, supermarkets, schools, and senior citizen centers and a fiscal handicap not to. We need to operate within the "rules" of the capital system.

As for the receivers-- we need to measure our effectiveness. What are they eating and why? We don't care what they know any more. We are concerned with what they think about what they know, and with how they act in response to the thinking.

As you can see, where the public is concerned nutrition education as an intellectual activity is impossible to separate from the activity of eating; though neat packages of presentation about carbohydrate, protein, and fat would be easy and satisfying to produce. That will not get to the heart of the problem of maintaining the health, the vitality and well-being of the population. We are at a health watershed in this country and the nutritional status of the population is a critically important part of the present crisis. If we do not rise to the occasion with aggressive programs designed to provide people with the facts and skills they need to choose healthy food, we will have turned our back on an opportunity that will not come again in this way. Next time the job may be ten times harder. Today to feed our people we still have earth and water and air and sun and seeds and fertile soil. Next time we might not be so lucky.

Mr. Richmond. Thank you, Ms. Dodds. We're delighted to have Dr. Michael Jacobson. He is certainly one of the nation's authorities on nutrition.

Dr. Jacobson, welcome. We look forward to your testimony.

Testimony before the
House Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition.

September 28, 1977

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Thank you, Mr. Chairman, for this opportunity to present my views on nutrition education. I have been deeply involved in nutrition education efforts for the past five years (see attached list of publications and C.V.; Attachments 1 and 2) and have been deeply troubled by the federal government's policy. I agree completely with your statement that the government's nutrition education policy is a "mess" and a "mish-mash of largely uncoordinated and misdirected programs." With a Secretary of Agriculture who is not afraid to let the words "junk foods" pass through his lips, I hope that a new day has dawned.

I and others contended that the federal government should educate the public about food and nutrition, because it would improve the public's health. I believe that the government also has a moral obligation to mount a nutrition education campaign. While the scientists at NIH and elsewhere are quibbling over details of the connection between diet and disease, many people have seen television shows, read books, or heard lectures about the contribution that the typical American diet makes to tooth decay, cardiovascular disease, and other health problems. Many people are changing their diet, but according to a recent NIH study, these people are mainly middle and upper class. The poor are not getting the message. Dr. Robert Levy, director of the National Heart, Lung, and Blood Institute told a press conference on July 13, 1977, that blood cholesterol levels have dropped 5 to 10 percent since the early 1960's (see attachment 3). He said, however, that the cholesterol drop may be confined largely to people with higher education and higher paying jobs. If this phenomenon continues, we will have a healthy upper class and a sickly lower class. This situation cannot be tolerated. The federal government has a moral obligation to encourage the entire population -- particularly the poor -- to make dietary and other changes that will promote a longer, healthier life.

The Congressional Research Service (CRS) reported (January 14, 1977) that the federal government spends over $70 million a year on nutrition education. The taxpayer is getting very little useful education in return for the expenditure. Over $50 million is devoted to the Expanded Food and Nutrition Education Program (EFNEP), which is administered by the Department of Agriculture (USDA). This very expensive, labor-intensive approach to educating people about food is aimed mainly at the poor, but according to the CRS study, EFNEP is reaching only about 20 percent of those eligible.

Much of the rest of the nutrition education dollar is invested in USDA's Extension Program ($10 million), which employs thousands of home economists and distributes a variety of pamphlets and other materials. The Agricultural Research Service also gets into nutrition education through the preparation of publications. Various offices in the Department of Health, Education and Welfare (HEW) have demonstrated a lukewarm interest in nutrition and have published a number of items over the years.

Government food and nutrition publications are generally unattractive, dull, not persuasive, and out-of-date. The two general messages that the materials appear to convey are (1) all foods are good foods, and (2) the functions of various vitamins, minerals, and other nutrients. For instance, the widely distributed booklet "Food is More than Just Something to Eat," advises that "...all food has something to offer" (diet soda?!) and "All foods have their place" and "If your diet contains a good variety of foods... good nutrition will take care of itself." Rubbish. The variety of foods that Americans are being encouraged to eat and are eating is contributing to the deaths of hundreds of thousands of people annually due to heart disease, stroke, cancer and diabetes. Many government leaflets and booklets explain to readers the functions of and major sources of vitamins, minerals, fat, protein, carbohydrate, and other constituents of foods. These documents are great for a beginning nutrition student, but are basically irrelevant for the average person, who would like some straightforward advice on problems in the American diet.

Most government pamphlets look like they were written by industry, and in fact some of them may have been. The CRS study notes that the Manufacturing Chemists Association helped write USDA's "Ann's Additive Story." Likewise, the Grocery Manufacturers of America, a major Washington lobby, helped fund "Food is More Than Just Something to Eat." This kind of corporate involvement will insure that government's nutrition education effort will be totally inoffensive...and ineffective.

I would like to show this Committee some of the sorry excuses for educational materials that taxpayers are paying for.

* The National Institute of Arthritis, Metabolism, and Digestive Diseases which is part of the National Institute of Health, publishes a 28-page booklet called "Facts about Nutrition." (See attached analysis written by our staff nutritionist, Bonnie Liebman; Attachment 4) It might be better called "Selected Facts About Nutrition" inasmuch as it ignores most of the findings that NIH research has uncovered regarding the connections between fat and cardiovascular disease, sugar and tooth decay, and other findings. The booklet identifies physicians as the only persons trained to give authoritative answers to questions relating to nutrition, even though most physicians have never taken a basic course in nutrition. The booklet also lists several industry sources of additional information, but no consumer-oriented sources.

* USDA's "Family Fare: a guide to good nutrition" has not a word about problems related to eating too much sugar, fat, cholesterol or salt. The closest it comes to a critical word is a vague phrase on page 9 that "it is well to keep the total amount of fat at a moderate level."

* USDA's "How to Buy BEEF STEAKS" calls prime steak the "ultimate in tenderness, juiciness, and flavor," without a word about its high fat content and contribution to cardiovascular disease.

* USDA's "How to Buy EGGS", "Know the Eggs You Buy", and "Eggs in Family Meals" divulge not a word about the fact that eggs are a major source of dietary cholesterol, which increases the risk of cardiovascular disease.

* USDA's "Food for Fitness" pushes the boring Basic Four approach to nutrition that has proven to be a dismal failure.

* USDA's "Cheese in Family Meals" 30-page booklet never mentions that cheese is a major source of dietary fat.

* USDA's "Cereals and Pasta in Family Meals" mentions that many cereals are "presweetened with sugar, honey or artificial sweeteners" without noting that some "cereals" contain more sugar than cereal and would be worth avoiding.

* "Breads, Cakes, and Pies in Family Meals" does not include a single whole wheat recipe (the recipe for "whole wheat bread" uses half white flour; if marketed commercially, this "whole wheat" bread would violate FDA regulations.)

* "Milk in Family Meals" does not advise the use of skim or low-fat milk.

I could go on and on, but I think my point is clear. These government materials are incomplete and misleading, totally ignoring the major medical discoveries of the past two decades. I believe that all government materials should be examined carefully by an independent nutritionist and revised so as to include the kind of information that is most pertinent to a population that is grossly overweight, carrying around a load of silver fillings, and dying of cancer and heart disease. Furthermore, I recommend that responsibility for USDA's consumer-oriented publications be moved from the Agricultural Research Service to an office under the Assistant Secretary for Food and Consumer Services.

The $70 million are being frittered away, because the nutrition education effort lacks defined goals and employs the least efficient delivery media. Giving people pamphlets or lectures on selecting their daily diet from each of the four basic food groups is a recipe for failure. A nutrition education campaign should focus on the major dietary problems of the day. Several decades ago the problems were mineral and vitamin deficiencies. Today the major problems are that we are eating too much fat, sugar, salt, and cholesterol, and too little fiber. This kind of diet contributes to about half of all deaths, and costs society tens of billions of dollars annually. It would not be difficult to develop educational campaigns that address these problems...if there were a will to do so.

As for delivery vehicles, the mass media -- radio and TV -- are clearly the most cost-effective way of communicating simple messages to the general public. If General Foods can spend $13 million a year to promote Kool-Aid, if Kelloggs can spend $5 million to promote Sugar Frosted Flakes, if Coca Cola can spend $21 million on TV ads for Coke, and if the Defense Department can spend $85 million to stimulate military recruitment, I don't see why the federal government cannot devote $50 million a year to radio and television spots that promote a more healthful diet. The radio/television campaign should be a long-term commitment, with continuous testing of new spots and periodic development of new themes, in order to maximize effectiveness. Air time for TV and radio spots could be donated by stations, but since it is likely that they will donate time at 4 a.m., the government might be better off purchasing air time. The ideal solution has been suggested by advertising executive Richard Manoff: all stations would be required by law to donate five to ten percent of their air time to public service causes and the time would be distributed throughout the broadcast day rather than being lumped in the dead of night. The mass-media campaign should be supported by other approaches: pamphlets, curricula for all levels of public schools, supermarket tie-in materials, articles in magazines and newspapers, and individual and group counseling. I have included a rough outline of a comprehensive nutrition education plan as attachment 5.

The effectiveness of mass media campaigns has been proved in several contexts -- not the least of which is commercial advertising -- but the most pertinent example is a study which has been conducted by Stanford University in three small towns near San Francisco. One town served as a control, whereas residents of the other two towns received information over radio and television aimed at reducing the risk of heart attack. People at highest risk of heart attack in one town also received individual counseling on how to improve their diet and stop smoking. The campaign lasted about two years and had a significant impact on blood cholesterol levels and incidence of smoking in the two mass media towns. There was, as expected, a greater effect among the people who received intensive counseling. Similar studies have been conducted in other nations, notably Finland, a small nation that has been more enterprising in the area of nutrition education than the United States. The time has come to graduate from small studies to national campaigns.

A nutrition education -- or, really, food education -- campaign will have a significant effect on the public's health. However, changes will come slowly. I strongly recommend that an educational campaign be closely tied to regulatory initiatives, which would have a more certain and immediate impact. Some of the simple and relatively inexpensive regulatory measures that might be adopted by the federal government include:

- a requirement by GSA that at least half the slots in vending machines on federal property be filled with nutritious foods;
- regulating salt as a food additive, and restrict the amount of salt in processed foods;
- an FTC ban on the advertising of sugary and fatty foods on children's television shows;
- prominent labeling on the principal display panel of food packages to inform people when a food is very high in sugar, fat, cholesterol, or contains artificial coloring; the current nutrition labeling format provides a mass of confusing data that would be better presented in graphic or summary fashion (see Attachment 6 for two more effective means of presenting the data);
- all TV and print ads for food should include a brief, concise summary of the food's nutritional value (see Attachment 6);
- sending nutrition information with social security checks, pay checks, and other government mailings;
- adopting high nutritional standards for school breakfast and lunch programs, and other federal feeding programs;
- providing better food and nutrition education in the armed services;
- promoting good nutrition at cafeterias in government office buildings and at national parks;
- requiring medical students to take courses in nutrition and preventive medicine;
- publishing the sugar, salt, and fat content of foods, as is done by EPA and FTC for gas mileage and tar and nicotine content of cigarettes;

Responsibility for conducting nutrition or food education campaigns is split between USDA and HEW. USDA, or more particularly Assistant Secretary Foreman and Secretary Bob Bergland, is enthusiastic about mounting a nutrition education campaign, but it is clear that the substance of the campaign will probably have to be selected so as not to antagonize any significant sector of agriculture, such as the sugar beet growers, pork growers, or cattle ranchers. Yet, to be successful, a campaign designed to encourage beneficial dietary changes will have an adverse effects on certain segments of agriculture. (See Attachment 7.)

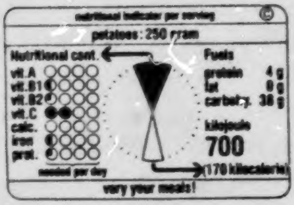
HEW, on the other hand, does not have to worry so much about antagonizing agricultural interests, but it has shown no real interest in food education. HEW's conflict of interest is with the scientific community. Scientists, at NIH and elsewhere, constitute a constituency that calls for perpetually higher research budgets. No knowledge is ever enough knowledge, so instead of urging that current knowledge about foods and health be conveyed to the general public, scientists urge more research.

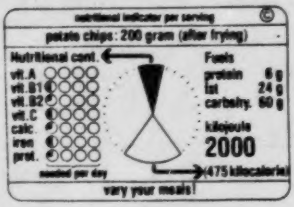
The major stumbling block to effective educational and regulatory campaigns appears to be NIH. The scientific and medical community generally agrees that sugar causes tooth decay, that a diet high in saturated fat and cholesterol increases the risk of heart disease, that a diet high in salt contributes to hypertension in many people; millions of people -- including the scientists that have done the research and physicians -- are changing their diet; NIH has sponsored at least one small campaign (the Stanford Heart Study) aimed at reducing the consumption of salt, fat, and cholesterol. Scientists at FDA and USDA have told me that they cannot mount educational campaigns or take regulatory measures to reduce fat, cholesterol, and salt intake until NIH gives the OK. But NIH wants more studies.

The situations at HEW and USDA suggests that these agencies are beholden to their constituencies -- scientists and farmers -- and that responsibility for outlining a nutrition education campaign should be given to a committee or agency with broader visions and responsibilities. If any such Nutrition Education Coordinating Committee were set up, it would be important to include communications experts, nutrition advocates from universities and private research and education organizations, industry representatives who have demonstrated an interest in good nutrition, members of anti-poverty and consumer groups, and particularly officials of the Community Services Administration, which is dedicated to the interests of poor people. Such a Committee should, of course, also include officials from USDA, HEW, and the White House. Ideally, this kind of Committee would serve as a nutrition advocacy agency, spurring all federal agencies to use their resources to promote better nutrition.

Mr. Richmond. Thank you, Dr. Jacobson. We look forward to questioning you after we hear next from Ms. Ellen Haas.

Attachment 6


nutritional indicator per serving
©
potatoes: 250 gram
Nutritional cont.
vit.A
vit.B1
vit.B2
vit.C
calc.
iron
prot.
needed per day
Fuels
protein 4 g
fat 0 g
carbohy. 38 g
kilojoule
700
(170 kilocalorie)
vary your meals!


nutritional indicator per serving
©
potato chips: 200 gram (after frying)
Nutritional cont.
vit.A
vit.B1
vit.B2
vit.C
calc.
iron
prot.
needed per day
Fuels
protein 6 g
fat 24 g
carbohy. 60 g
kilojoule
2000
(475 kilocalorie)
vary your meals!

Fresh Fruits

		Nutritional Score
cantaloupe	¼ melon	99
watermelon	2 lbs.*	74
orange	1	68
strawberries	½ cup	50
grapefruit	½	45
apricots	2	36
pineapple, diced	1 cup	35
tangerine	1	34
peach	1	29
banana	1	26
pear	1	20
blueberries	½ cup	16
prunes	4	16
apple	1	12
plum	1	9

*The weight includes the rind; however, any nutrients in the rind were not included in the score.

(Attachments 1, 2, 3, 4, and 5 are held in the subcommittee file.)

STATEMENT OF ELLEN HAAS, COMMUNITY NUTRITION INSTITUTE AND CONSUMER FEDERATION OF AMERICA

Ms. Haas. I would like to ask that my official testimony be entered into the record. I will also enter into the record a statement from the the Consumer Federation of America.

(Ms. Haas' prepared statement follows:)

I appreciate the opportunity to testify at these important hearings to examine the state of nutrition education today. Its state is not good. In fact, rather than talking about nutrition education, we probably should be discussing the "nutrition education gap" and--the unfortunate result of that gap-- a confused consumer trying to cope in a confused marketplace-- on a limited budget .

The function of nutrition education, in its broadest sense, should be to prepare the consumer to make good decisions -- both money-wise and health-wise -- when purchasing food for their families. In order to understand if federal efforts in nutrition education are adequately preparing the consumer to make these decisions, we need to understand the American consumer, the person who weaves through the "minefield, "asone observer has called the American supermarket.

This average consumer, a bit overweight and a bit too tired to plan menus based on his or her limited budget, enters the supermarket confused and leaves even more confused.

This consumer's food purchases reflect a jumble of cross-signals: he or she has been told that "good food" is necessary for good health, but the consumer also has learned -- thanks in great part to advertising -- that food is for "fun" and convenience. So, too, this consumer must balance conflicting family preferences -- the only green vegetable son Jimmy will eat is green beans, while daughter Janie only eats green peas, and Dad just loves broccoli, which the kids can't tolerate, they say.

The supermarket experience itself does nothing to ease this consumer's decision-making, as he or she pushes a shopping basket through a maze of 10,000 different products, often with two kids tagging along. There is no doubt this person needs help!

A picture of the average low-income supermarket shopper is even more distressing. Last year the Washington Urban League surveyed 754 heads of households in low-income areas of Washington D. C.

Almost half of those interviewed said the high cost of goods and services in their neighborhoods, the lack of easily accessible supermarkets and other shops and the high cost of decent housing were their most pressing problems. More than half of those participating in the poll said there was no supermarket within four blocks of their homes, yet 70 percent said they did not own a car and 63 percent said they usually must wait at least 30 minutes for a cab (which they could not afford).

Typical of those interviewed was Emma Bratton, who lives ten blocks away from the nearest grocery store. Prices in smaller neighborhood stores were "outrageous" she said. Comparison shopping and other nutrition information tools -- nutrition labeling, open dating, grading, were unknown to Emma Bratton's family. " I just go to the store and get food" she said.

Obesity, a problem for the average consumer, is even more of a problem for the low-income consumer according to the report on American diet and disease prepared by the U.S. Senate Select Committee on Nutrition and Human Needs. The low-income consumer is also more influenced by food advertising, the Select Committee further reported, and"least able to make comparisons between foods based on the nutrition labeling and price." So even when they do know about these tools, most low-income consumers are ill-equipped to use them well because of insufficient literary skills. It is not difficult to conclude that this person needs even more help!

Low and middle income consumers did not get to their present state of nutrition confusion alone; they had help from the government, industry, the school system, their family doctor, and perhaps even their own family.

Industry's big contribution to confusion are food ads on t.v. Over the years the consumer has been bombarded by thousands of advertisements promoting food because it is fun, sexy, easy -- anything but nutritious. Advertising and Promotion is big business for the Food Industry. In 1976 alone, General Foods spent $275 million and MacDonalds $105 million on advertising.

Industry, through government's urging and guidelines, gives us some guidelines. Most of it doesn't work very well. Nutrition labeling -- though it bears important information, too few people actually use it. In fact Dr. Mark Hegsted of Harvard University told the Conference on Nutrition and the American Food System that it "has led many people to unrealistic assumptions." This is because he says, "many assume that the shopper walking down the aisle has a computer-like brain that can store the information on the labels, calculate the sum of the nutrient needs of the family and somehow end up at the end with a balanced diet for each". Ingredient labeling lists only the ingredients in predominance:

it doesn't tell the consumer the percentage of each ingredient.

The school system offers students -- fledgling consumers -- classroom lessons on nutrition -- probably stressing the endless and mindless Basic Four Food groups -- and probably extinguishing any interest students might have had in food and nutrition. There are warnings from the consumer's family physician: "Lose weight and watch your calorie intake". The wary consumer may then turn to his or her daily newspaper, where they read about the relationship of diet and cancer. This information may raise his/her consciousness about the food they eat, but in the process it may also raise his/her blood pressure and anxiety.

Information gleaned from a stray government publication, one of thousands which may have found its way to the doctor's office or grocery store or classroom, probably does little more than make the consumer wonder what else may have been written on the subject. But he doesn't know which government office to call to find out.

Finally, family eating habits, often based on cultural background, engender food buying and consumption patterns that are not always healthful; in fact, they may be harmful. Because of their origin, these habits are also hard to change.

The result of all this is a consumer who is relatively uninformed about food and nutrition. The FDA Consumer Nutrition Knowledge Survey (Report II, 1975) reported the results of a basic "nutrition knowledge quiz" given to 1,664 food shoppers in 1975. The maximum score possible was 134. However, the actual highest score received was only 115 and the mean nutrition score was only 61 points. In addition, the report states that "since 1973 there has been a somewhat downward shift in how shoppers perceive their nutrition knowledge."

It is a critical time for the consumer to know so little about food and nutrition: food prices continue to rise, food ads on TV continue their effective campaigns, and the linkage between diet and disease is increasingly apparent. Further, the American consumer is beginning to know what he doesn't know. Is it any wonder that he is frustrated with his inability to cope effectively in the marketplace?

We are here to examine what should be the government's role in assisting that consumer and, putting first things first, how effectively that role is being carried out now.

At the present time the government is spending millions of dollars on nutrition education. Thirty programs, administered by eleven agencies, claim nutrition education as a component. It is not my intention here to say that this is or is not adequate funding for nutrition education, although I believe it is not. Rather, I wish to point out that although nutrition education is happening, and has been happening for some time, the way in which it is happening is not effective. Those thirty some programs are not helping the consumer in the way he needs to be helped. And because those programs are not responding to the consumer's needs, they are not giving the government it s money's worth either.

What's wrong with federally-funded nutrition education today? A preliminary investigation reveals the following issues and problems:

1. Nutrition information is inaccessible to the consumer. At the present time, the general public does not have easy or effective access to the nutrition information disseminated by the Federal government. For example, reams of publications are available from the USDA Extension Service, and HEW's Office of Consumer Affairs, and the National Institute of Health; but the average consumer either does not know of the existence of these publications or, he doesn't know how to get them.

Nutrition education via the mass media such as radio and T.V., doesn't reach the average consumer either. Why? Because most of these media messages are transmitted through public service announcements, which the broadcaster is under no obligation to show. Or, if he does show them, it is likely to be during times when few people are viewing t.v. -- like 6 a.m. At the present time the federal government does not buy t.v. time.

Special target groups such as food stamp program participants also lack access to nutrition information. A food stamp recipient can write to an office and receive information -- if he knows about the office. Probably he doesn't because the food stamp program generally lacks outreach services.

2. There is no coordination between agencies of the federal government. With at least 30 programs in 11 agencies of two Departments &two regulatory agencies in our government claiming nutrition education as a program component, it is little wonder that there is duplication and/or wasted efforts as well as problems falling between the cracks. Why do the USDA and HEW put out information on the same subject? For example, the Food and Drug Administration provides

information on food safety and labeling; so does the Department of Agriculture, whose Extension Service publishes a brochure called "Ann's Additive Story."

There is little coordination within Departments. For example, there is no central office within HEW which reviews publications and materials for duplication, the Congressional Research Service reports.

On the other side of the coin, the consumer perceives the government as all together. The public does not understand what we refer to fondly in Washington as the "bureaucracy". They are confused about where to go for help in the federal government.

With various offices scattered at the local, state and federal level, there needs to be a core point at which nutrition education efforts can be coordinated. Where that should be is a subject for another hearing. However, the issue of who best can be responsive to the consumer must be a prime consideration. One possible benefit of such coordination might be the reduction in quantity and improvement in quality of nutrition information. Perhaps, for example, the USDA might consider funneling wasted resources into buying television time.

At the present time, not only is there no core point but there is no vehicle for coordination and exchange of ideas among the various agencies of government. From 1943, when it was created by Executive Order, until 1973 when it was disbanded as a result of Public Law 93-143, the Interagency Committee on Nutrition Education (ICNE) provided such a function. The vacuum left by its departure has never been filled. It should be in order to achieve better coordination and cooperation among federal government nutrition education efforts.

3. There is little understanding of the audience. At the present time, little agency effort in the nutrition education field is devoted to analyzing consumers who use the agency's communication materials. So, too, little is known about who does not. Does the Extension Service, for example, have any analysis of the type of people receiving their information? If the agency has an obligation to communicate with the public, as the original Agriculture Act of 1862 states it does, then the Department should know who they are reaching and who they are missing.

4. The public school system has no systematic, uniform or effective means of providing nutrition education to students.

According to a study conducted for the Food and Nutrition Service of USDA by the Education Commission of the States, nutrition education is virtually lacking from the public school system. The study surveyed the US Office of Education (USOE), 51 State Education agencies (SEAs), 1,441 local agencies

(LEAs) and 1,336 private schools. The findings, while distressing, were not surprising: For example:

-- The U.S. Office of Education does not have designated specialists for nutrition education, on the state level. Thirty-one SEAs reported that they have a nutrition specialist or are planning to have staff responsible for nutrition education.

-- In a ranking of nutrition as a priority on a 1-7 scale--with one being the highest priority-- SEAs ranked nutrition education fourth for elementary schools and seventh, (the lowest rank) for secondary schools, as did private schools. The LEAs ranked nutrition education as a third priority in elementary schools and, again, seventh (the lowest) in secondary schools.

-- The U.S. Office of Education funds projects under six public laws. However, over 70% of the SEAs and 57% of the LEAs did not respond that they had programs or projects related to nutrition education and 97% of private schools had no such programs.

-- Over 75% of SEAs, 42% of LEAs and less than 17 percent of private schools sponsor nutrition education activities for school food service personnel rather than for instructional personnel.

-- Few SEAs reported a State Board regulation requiring nutrition education and only two of the responding SEAs reported a requirement in nutrition education for teacher certification.

From these findings, it is readily apparent how low a priority nutrition education is in our school system. On the other hand, it's widely agreed by consumers, nutritionists and those in the food industry that mandatory nutrition education is long overdue. In the Benchmark Survey conducted by the Marketing Science Institute and presented at the Conference on Nutrition and the American Food System, 87% of those surveyed (including, among others, government officials, academics, nutritionists, food manufacturers, food retailers, consumer activists) agreed that mandatory nutrition education should be instituted by the federal government.

5. Most Medical Schools do not include Nutrition Education in their curriculums. At the present time, according to a study of the American Medical Association done in 1976, less than one-third of all medical schools require nutrition education as part of the curriculum. The medical community must recognize the importance of nutrition as an aspect of preventive medicine.

6. There is no overall nutrition education strategy or National Nutrition Policy. Finally, and most importantly, federal efforts in nutrition education suffer because they lack any clear goals or workable strategy. Efforts by the Select Committee on Nutrition and Human Needs to define Dietary Goals for the United States should be pursued and integrated into future planning and nutrition education programs.

Although the Dietary Goals Report has provoked controversy, there is also a surprising degree of agreement about certain general aspects of the report. For example, the Marketing Science Institute Benchmark Survey reported that 98% of its respondents agreed that consumers should "increase consumption of vegetable and whole grains" and 92% agreed that consumers should "decrease consumption of sugar and foods high in sugar content." In addition, 90% agreed that consumers should "decrease consumption of salt and foods high in salt content" and 85% agreed that consumers should "decrease consumption of foods high in fat and partially substitute polyunsaturated fat for saturated fat".

In conclusion, Mr. Chairman and members of the subcommittee I commend you for these hearings, which offer an opportunity to evaluate existing nutrition education efforts. I want to stress, however, that evaluation should be just a starting point. We must build on this knowledge of what works and what doesn't. It is critical that the federal government develop a comprehensive, multi-faceted program for educating consumers about their diet and its relationship to their health. Above all, such a plan must be responsive to the real needs of consumers and should be developed with the full participation of the community -- not in isolated ivory towers as has so often been the case.

Finally, I urge you to keep in mind that nutrition education must be defined in the broadest sense. It is not a course that begins and ends in the classroom, although we need instruction there. As we have seen, nutrition education can and should be conducted in our own living rooms--via television--in our doctor's offices, in our print media, in our supermarkets--through labeling programs and advertising regulations.

We face a nutrition education gap today because there is too little of the right kind of information getting out and too much of the wrong kind. Our government is in a position to shift that balance. Our health and well-being depend on it.

STATEMENT OF
CONSUMER FEDERATION OF AMERICA

BEFORE THE
SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER RELATIONS AND NUTRITION
OF THE
COMMITTEE ON AGRICULTURE
U.S. HOUSE OF REPRESENTATIVES

September 26, 1977

Consumer Federation of America (CFA), the nation's largest consumer organization, applauds the House Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition for conducting this comprehensive investigation of the federal government's role in nutrition education.

At its most recent annual meeting on February 12, 1977, CFA's membership recognized that consumers' needs are not being met by our country's present piecemeal approach to nutritional education and information. Accordingly, the membership overwhelmingly approved a policy resolution calling for a national nutrition education and information program which would:

(a) Define food in terms of its nutritional values.

(b) Enact and implement meaningful labeling standards designed to list nutritional value, food grades, ingredients by percentage, unit prices, uniform open dates and drained weight.

(c) Require affirmative disclosure of nutritional value in advertising.

(d) Require individual price markings on each grocery item with reasonable exceptions.

(e) Mandate a system of food standards based on microbiological content of foods.

(f) Develop nutrition as a curriculum program in the school systems from primary through graduate level.

We look forward to working closely with this Subcommittee in developing a comprehensive, well-coordinated system of nutrition education and information that reaches all segments of our population.

Mr. RICHMOND. Thank you.

I want to explain the absence of some of the Democratic members at this session. There is a Democratic caucus going on at the House. But all the members of the subcommittee are vitally interested in this subject that we have before us. They were here yesterday and they will be here as soon as the caucus is over.

Ms. Petrie?

STATEMENT OF MARY PETRIE, WACAP, DANIELSON, CONN.

Ms. PETRIE. I am not a nutritionist. I am a consumer and advocate.

Mr. RICHMOND. Yes; we need some consumers.

Ms. PETRIE. My name is Mary Petrie. I am nutrition coordinator for the Windham area community action program located in Danielson, Conn. My responsibilities include implementing and increasing participation in all federally sponsored food programs in this rural area of 715 square miles.

The subject of nutrition education is one close to my heart; it is frequently addressed but rarely mandated or funded. May I offer this specific example. During the months of July and August 1977. I administered a summer feeding program. We served approximately 1,800 children a day at 21 sites in 7 towns. My personal knowledge of the communities, based on three surveys, indicated the youngsters had severe nutritional deficiencies.

In order to alleviate a small part of this problem, I planned a nutrition education component of the program. My plan included hiring a teacher at a salary of $100 a week for 8 weeks to work with seven summer youth work experience participants, to team-teach nutrition education at various sites.

When I approached the State agency with this proposal I was told I could not use program funds for the salary of the teacher, as nutrition education was not addressed in the regulations. I pointed out the absurdity that it was allowable to spend $2,000 for consumables, supplies consisting of posters, charts, et cetera, but I could not hire an instructor to say "this is a carrot."

This remark was not well received and I was told that if I was unsatisfied I could contact the regional office of the USDA. I did this and received the same answer—millions for posters and cookbooks—nothing for the necessary instruction.

Being unwilling to accept an unacceptable situation, I then contacted the Children's Foundation and Congressman Dodd. Within a week, I was notified by the State agency that I could hire a teacher and charge her to summer lunch as an administrative cost. I did so and am happy to say we had an excellent program.

But, ladies and gentlemen, at what expense did we succeed? My time is money—taxpayers' money. My long-distance phone bill is money—taxpayers' money. Should this money be spent when a mandate from Congress would say clearly that this component is not only allowable but encouraged?

I strongly recommend that nutrition education be built into all Federal food programs as it is in WIC. It is my opinion that failing to is tantamount to equipping a school with books but no teachers.

Mr. RICHMOND. We thank the entire panel for their comments.

Dr. Jacobson, it seems we do not have a coordinated nutrition program. You do not like the agencies who are administering it now. Do all four of you feel that we need another Presidential commission or perhaps another level of bureaucracy to administer this type of education?

Dr. **Jacobson.** As was suggested, it might be worth having some kind of coordinating committee with representatives from the different agencies involved in nutrition education.

I think there has to be the political will. I don't think we just need another study. I think the problems are quite clearcut. The solutions are rather obvious such as mass media and good support materials.

Mr. **Richmond.** Obviously it would take a large budget to pay for these films; right?

Dr. **Jacobson.** It would take a modest expenditure. For instance, the Government is spending $85 million to recruit people into the Army, the Navy, and the National Guard, and so on. That is not an enormous sum.

But I think it would be a more cost-effective approach to have FCC regulations that will require radio and TV stations to devote 5 or 10 percent of their time to public service and have this time distributed throughout the day rather than being lumped on a Sunday morning and at 3 a.m. Radio and TV spots would be prepared by Government or private agencies and they could be inserted in the those time slots.

Mr. **Richmond.** It seems to me the only way to really do an effective education program would be for some agencies, especially the USDA., to hire a good advertising agency and put together some attractive television films.

Dr. **Jacobson.** Yes. The stuff I have with me [indicating] should go in an incinerator. The basic thing that is missing are some objectives. Coca Cola has a very basic and obvious objective which is to sell Coca Cola.

If the Government is going to get into nutrition education, it has to do more than say, "All food is good food" or "Eat a variety of foods and you will be all right."

As Jan Dodds suggested, the McGovern committee has defined nutritional goals. People argue about the numbers, but there is very little argument in the medical community that we should be eating less fat, less sugar, and more whole grains and legumes. Those should be the objectives of a nutrition education campaign. That is to tell people what sugar is doing to them, what fat is doing to them, and suggest alternatives.

Mr. **Richmond.** The idea of having proper guides and recipes and menus in the supermarket is a good one too.

Dr. **Jacobson.** I think a mass media campaign will increase awareness, but it has to be coupled with the availability of foods, reminders in various places in magazines, newspapers, supermarkets, and restaurants. And an education program could be expedited tremendously by having sensible regulations.

There are precedents. There is a limit on the fat content of hot dogs. Fat content limit is very liberal, to say the least. Something like 80 or 85 percent of the calories in a hot dog come from fat. Some hot dogs are made with one-third less fat. There could be a gradually reduced limit on the fat content.

The same thing is true with salt. Salt almost certainly contributes to high blood pressure which affects something like 20 or 25 million people. It would be extremely simple for FDA to limit the salt content of processed foods and then if people want salt they can add it. They would have salt shakers.

So there could be limits on the sugar content of foods using the food label to remind people what are the main problems with foods. You have a box of Cookie Crisps there in your display. Mathematicians can figure out that it is 45-percent sugar. It is expressed as 13 grams per ounce. That does not mean anything to people. There should be a prominent notice on the front of packages of foods that contain large amounts of salt, large amounts of sugar, and large amounts of fat.

Mr. RICHMOND. Our next witness will talk to us about that.

One of the things we are planning to do is to continue these nutrition hearings by having industry come and tell us if they can to stop producing these foods and advertising their nutritions products the same way they advertise the other foods.

Dr. JACOBSON. It's a good idea. We should have people in industry who have done something good. For instance, the president of Beech-Nut took salt out of Beech-Nut baby foods. We have been pestering FDA for years to take that action and they have not done anything. They complain about one thing or another and then industry just did that.

Having people like that here would serve as an excellent role model for more recalcitrant industry executives.

Ms. DODDS. I talked with a consumer before this hearing and she said "Would you please tell them to get the junky food off the market. I'm so exhausted when I try to go in and buy good food. And when I come out of the supermarket at the end it's almost a punitive activity."

I think that we cannot belittle or negate the importance of doing something to regulate and allow foods that are really healthy and good for our population to be prominent and to be readily available to people.

Mr. RICHMOND. Mrs. Heckler?

Mrs. HECKLER. I would like to commend the panel for their excellent testimony today. I am very familiar with Ms. Haas' past effort in the nutrition area. As usual she has been very helpful. When I joined in the lawsuit on MDM I relied on your nutritional research and since the court has supported our theory I have to think that you were correct.

Ms. HAAS. Thank you.

Mrs. HECKLER. I will say that the problem is, of course, that there has not been a focus. There is not a focus on nutrition at the present time, even in the Congress. I see much more of it in my own congressional district. I see a focus on nutrition among the better educated people and wealthier people. This is most tragic because they have the greatest number of options open to them.

Poorer people continue to live by their older habits. As a result, inadequate nutrition continues.

Obviously what has to happen is almost a revolution. We are talking about changing the body politic. It seems to me that we have to take the issue of nutrition and questions of nutrition off the women's pages of newspapers.

There is no such thing as a feminine health question in terms of nutrition. It does not relate to women. It relates to people.

While food editors discuss the latest French creation and the issue of nutrition is on the women's pages, we are not going to get major attention.

I was very interested because I feel that the way to bring nutrition consciousness forward is to draw the link between health and diet more dramatically for the public.

Dr. Jacobson, you are the first witness I ever heard talk about NIH. NIH as a whole and in its various departments is the repository of the best information on health in this Government through the results of grants and scientific studies, et cetera.

I would like to have you elaborate on the kinds of information that NIH has which can centrally go to the question of diet and health and how there can be coordination between NIH, FDA, and USDA. If we have just USDA and FDA, which is what other witnesses have suggested, then we are missing probably the most important element in the whole equation.

What are your suggestions?

Dr. Jacobson. My suggestion is that NIH be taken out of the picture. I think NIH is the major stumbling block to improved nutrition education in regulatory campaigns. NIH and other agencies and private organizations have sponsored a tremendous amount of scientific research over the years. This research has pointed in the direction that McGovern's committee identified, that salt contributes to high blood pressure, that sugar contributes to tooth decay, that fat and cholesterol in the diet contribute to heart disease, and that fat also probably contributes to certain forms of cancer.

NIH's provision is that we do not know enough yet to take action. The officials there will say, "Personally, I believe that we are eating too much salt, sugar, and fat, and I and my family have reduced our consumption of these elements."

But they say that they don't feel that the Government can make solid recommendations for the general public.

What is happening, as you have just suggested, is that the middle-class people are finding out about what kinds of foods to eat. It is the middle-class people who read books, who listen very carefully to the news, who send away for these Government publications. In an ongoing and recent NIH study they are discovering that middle- and upper-class and well-educated people in fairly high-paying jobs have a lower cholesterol level in their blood than poorer people. This is a reversal of what was the situation 10 years ago.

This suggests that the rich are finding out what to eat and are getting healthier. But the poor are not finding out what to eat. What this indicates to me is that the Government has a moral obligation to get involved in this battle.

Government has to say that we have enough scientific information to be almost absolutely sure that this kind of a diet is a more healthful kind of diet and that we have to give this information to everybody.

The scientists are quibbling. They want 100 percent proof. The reason they are quibbling is that they are terrified that industry will come in and raise a big stink and reduce NIH's budget. Scientists want to conduct studies. That's what they are in the business of.

So I have talked to people at FDA and the Department of Agriculture about mounting campaigns to eat less fat, cholesterol, and fat. They all have said, "We cannot do anything until Dr. Robert Levy, Director of the National Heart, Lung Institute at NIH gives us the OK". We go to Levy and say, "When are you going to do it?" And he says, "We need more evidence. We are almost certain but we do not feel the scientific evidence is 100 percent certain."

So the matter stands there. The matter of nutrition education and preventing disease remains a scientific issue whereas it should be, I think, a moral issue. It is a moral issue.

Mrs. **Heckler**. It would seem to me it has to be a public policy issue. If we remove the health consequences of diet we are never going to have the same impact in terms of nutritional education even if we do a better job of medical education, which is a wasteland, and primary and secondary school education.

I believe, frankly speaking, that the issue of the relationship of health is positively central to changing the habits of Americans.

Dr. **Jacobson**. That's the thing that makes it immediate to say that this stuff is caused or has contributed to a heart attack that your aunt died of and do you you want it to happen to you?

Mrs. **Heckler**. Other than that, we are confronting culture and habit and mother's love and all those good things that are built into our food preferences. We cannot win in that kind of a contest without really having the health struggle as the key reason why diet changes and nutritional information are essential.

Ms. **Haas**. One thing that was alluded to and was a common thread in the conference from all the research scientists was this. Where do you draw the line before you develop nutrition action programs and nutrition education efforts? We are not saying that we don't have to continue with research in the health area. But the common thread that ran through the conference was that there is enough research that has been done to develop these nutrition education programs now. Dr. Hegsted of Harvard and Shelly Morgan of Berkeley both said time and time again that the indecision on the part of the scientific community is depriving consumers of nutrition education. That is not to say that NIH should not continue with their studies. It is only to say that that kind of research can hold up nutrition education efforts because the consumer doesn't have to be a scientist. They do not have to have the exact number. They need the relative relationships. They need to say, "Cut down on sugar. Cut down on fat." They don't need to know the exact molecules or the exact percentages.

Mrs. **Heckler**. I have one other question. I would like to know if there has been any attempt to evaluate nutrition in the military. Obviously in all the figures that I have seen, there has been no specification of military nutritional funding. Yet, I know that commissary food is the subject of great disdain and it is the subject of complaints that are received in my mail, and so forth. It is generally not held in high repute.

I am wondering how much do we spend and is there a way to integrate the nutritional information that DOD puts together, however it does, with what we are seeking to do here in the private sector to coordinate even more extensively the nutrition programs of the country.

Dr. Jacobson. I think the Department of Defense should certainly be involved in any kind of nutrition education coordinating effort. DOD reaches 2 million people at any moment. And it is an obvious place to inculate new habits and to expose people to different kinds of foods.

The habits that are encouraged will probably stick throughout the person's lifetime.

The Department of Defense has dietitians who have developed their menus. I have not looked at the nutritional guidelines that they have used in several years but, as I recall, the menus that they came up with were really typically American in that they were high in fat, high in sugar, used refined grains. But I do not recall there being any particular effort to use the military feeding programs to teach nutrition in the way we would like the school food programs to teach nutrition to a different set of people.

Mr. Richmond. Mr. Grassley?

Mr. Grassley. Thank you, Mr. Chairman?

I appreciate the testimony of every one of you at the witness table. It is obvious that you are contributing a great deal to our discussion especially with your own backgrounds. I especially want to state agreement with all of your testimony that relates to the direction of governmental programs. I think the testimony dealt basically with that so I will not comment any more except to go to page 5 of Ms. Dodds' testimony and ask for further clarification of what you may have had in mind in the first paragraph there on page 5.

My question stems from a tone set from yesterday's testimony by Senator Dole in which he said something like this. He said for instance that he did not have in mind that we would have a Government program that every morning somebody would have to have a glass of orange juice for breakfast as an example. We were not going to get that involved.

Along that line, I wondered how central your testimony here is to the redirection of governmental programs as you stated here.

For instance, you talked about a food policy. You talk about redirecting food policies through taxes and/or regulations on manufacturers. Is this central to your goals?

Ms. Dodds. Studying what foods should be eaten?

Mr. Grassley. I'm wondering about how this food policy is carried out. Maybe this deals with the essence of a food policy. I eventually was going to get around to asking questions about other countries. They have so-called food policies where somebody in an elective or appointive office makes decisions that this is such-and-such a policy.

Does this get down to the point of almost mandating certain meals?

Ms. Dodds. It's hard to compare the food situation in this country with other countries because of the fullness of the technology that is present and available to us in producing foods and moving them around and making them in different configurations.

But it occurred to me that when you state the kinds of food that people should eat—take for example fruits and vegetables that you want to eat—then that means that you have to be growing enough vegetables close to people that they can be eating. If you even give a preference to fresh vegetables, then the question of the location of those to the places where people are to eat them is a major one. This becomes a question of agricultural policy and of what foods are grown where. Then the manufacturing issue is there as to what degree do we want to have our foods processed.

Some processing is helpful in getting food distributed to places that may not be able to have them. But there may be an end point that you don't want to go beyond in guarding and protecting the health of the population.

Mr. GRASSLEY. Is that a problem of what we grow and what happens to it after we harvest it?

Ms. DODDS. I would suggest it is both. For instance, in New Jersey you find a decrease of truck farms because it is just not as profitable to be growing vegetables. It is more profitable to be growing other kinds of foods. So those lands are being turned to something else.

But then there is also this. For instance, with whole grain cereals we grow a great number of those, but they do not end up on our tables as whole grain cereals.

Mr. GRASSLEY. Let me ask one more question. Is there any implication of regimentation in your first paragraph on page 5? That's what I am trying to find out.

Ms. DODDS. If you consider some regulation as regimentation then yes. We already have regulations. It is a question of the kind of regulation that we want to use to guard the health of our public.

I don't mean regimentation to say that this and this should be the food that people should eat. We're talking about a category of food. Everybody agrees we should eat vegetables and people can choose within that enormous category of vegetables as to which vegetables they would like to eat.

Dr. JACOBSON. I don't think anybody is suggesting that the Government should have a nutrition police corps that will go around ordering people to eat two eggs for breakfast or whole wheat bread. A lot of what we are asking for is choice. Right now there is not that much choice. It is even hard in many places to get whole wheat bread which is the most basic of commodities.

If you go to a restaurant what kinds of foods are available? Generally you can get certain kinds of foods and not others.

We would like a choice. So if there is any regulation it is almost to increase the choice rather than to eliminate it.

Mr. GRASSLEY. Mrs. Heckler said it was going to take a revolution to accomplish some of this. I went home to my wife last night and suggested what I learned here yesterday and she resented it. Under those circumstances there is a long ways to go. I hope it can be accomplished in the confines of American society as I know it today and not the sort of police state that you say you are not for. I'm glad to hear you emphasize that.

Ms. HAAS. My kids resent it too. They said "Life was great, Mom, until you became a consumer advocate." [Laughter.]

Mr. **Grassley.** My oldest boy said, "Dad, you read too many studies."

Ms. **Haas.** The reason for this, Congressman, is that without a policy and without it going on in all places—in the classroom, in the food store, in Congress, and in all those aspects of our lives—then we will not see a change. But what the policy does is that it does not define rigid parameters. It gives you flexibility but it also gives you goals. That is what we are talking about.

I know we have a concern with agricultural products and farm products. I think that was your question before.

I have a concern that is this. If you are looking at these products that are sitting here on these displays in the rocm, these are products that are the wonders of technology. They are not the products of raw agriculture products. I think if we did define such a policy that encompassed active nutrition education and nutrition policy, that you would see a return in ascendency of consumption of those basic grain products, all those basic fruit and vegetable products, eggs, and dairy products.

I think you have a concern for the farmer. I think if we can work together as farmers and consumers and food processors and food retailers and define some kind of policy that we can live with, then I think my kids will not be so resentful and your wife will not be so resentful because that will be pervasive.

Mr. **Grassley.** Thank you very much for that clarification. I feel much more at ease.

Thank you, Mr. Chairman.

Mr. **Richmond.** I want to thank the panel very very much for this necessary and worthwhile testimony.

Our next witness is Ms. Odonna Matthews of Giant Food.

Ms. Matthews worked very closely with Esther Peterson. I believe she is going to tell us a good deal about foreign labels. It appears that many countries are far ahead of us in this area.

Ms. Matthews, Ms. Peterson told us you would be an outstanding witness.

[The prepared statement of Ms. Matthews follows:]

TESTIMONY
BEFORE THE
SUBCOMMITTEE ON DOMESTIC MARKETING,
CONSUMER RELATIONS AND NUTRITION
BY
ODONNA MATHEWS
CONSUMER ADVISOR, GIANT FOOD INC.
SEPTEMBER 28, 1977

I'm Odonna Mathews, Consumer Advisor to Giant Food, a regional supermarket chain of 114 stores in the Washington, D. C., Baltimore and Richmond areas. I'm pleased to have the opportunity to be here to speak from the viewpoint of a consumer advocate within the retail food industry. I have previously had five years of experience as a Consumer Specialist under Esther Peterson, Giant's former Vice President for Consumer Affairs. Today I would like to explain what types of questions consumers are asking me relative to nutrition, as well as some recommendations for industry and government to take in promoting consumer programs on nutrition information and education.

In my job as Consumer Advisor, I hear every day from consumers. My office receives between 300 and 400 letters per month from consumers. Increasingly these are requests for information on nutrition and food composition. What are consumers asking? They're asking for simple, basic nutrition information. Additives, of course, top the list, but a close second is information on special diets -- such as sodium, fats, cholesterol, potassium, carbohydrates (and within that of course, is sugar), colors, flavorings and preservatives. Many of the questions we receive emphasize the food label as a big concern; for that's often the only nutrition information available in most food stores. But some consumers want to know why more information isn't provided, and others want to know what the nutrition information really means. It seems clear to me that nutritional labeling is not adequate as it presently exists. Consumers want and need concise, practical nutrition messages.

Most of the studies I have seen show that less than 50% of the American people understand nutrition labeling. The results of the much publicized consumer math skills test of last year, illustrate that very few did well on questions that required an understanding of percentages. It has been our experience at Giant that even if some of the nutrition information on the label is used by the consumer, the percentage of U.S.Recommended Daily Allowances (U.S.RDA) is ignored. Perhaps part of the reason is that a large part of our population does not understand the concept of percentage, let alone the meaning of U.S.RDA.

It has been our belief at Giant all along, that percentages were too difficult a concept for the label. In fact, the original label that Giant tested was based on units of 1 to 10, because our Consumer Advisory Committee said that since everyone has ten fingers, that is the simplest approach to take.

There has been some discussion lately of the idea of a visual method of providing nutrition labeling. The much touted Albert Heijn label that Esther Peterson brought back from Holland last year, was developed from this original 1 to 10 concept. Albert Heijn simplified it even more by making the needs per day visual and incorporating a center circle to compare nutrients to calories (the concept that nutritionists call nutrient density.)

In the brief exposure that Esther Peterson and our staff have given the Albert Heijn label, we have found that it has definite appeal to consumers. Nevertheless, the Dutch have two advantages over us. First, they fortify very few foods. This is strictly controlled by their government. The seven (as used in Holland) or eight (as used in the U.S.) nutrients labeled are considered to be representative of the other forty or so nutrients needed for life. So, if those nutrients are added as fortification, they may not bear any relationship to what else may be in the food. Secondly, the Dutch have their own food composition handbook, which is much smaller, but somewhat like our USDA Handbook #8. However, this is updated annually and is accepted by their government as a basis for labeling. Whereas the USDA Handbook #8 is only now being revised since its last revision in 1963.

It is our feeling at Giant that it is time that the discussion of visual formats for nutritional labeling be carried further. Consumers and various organizations are presenting research and proposals for different kinds of visual formats. There very well may be others that should be developed. We do not know which format will suit the needs of our society best. However, we do know that some visual format is preferable to what we now have. We need a coordinated test of different formats in different areas of the country and a thorough evaluation of how well consumers understand and use the various methods. Whether it will produce behavioral change by itself is probably more than we can expect of just a label. The label is really a tool for education.

The most educated in our society are always capable of utilizing such tools without too much introduction, but we cannot expect the young, elderly, or the less educated to be as easily affected by simply reading material or even a visual label. For this reason, we strongly believe that any nutrition information that is provided by a label must be backed up by a thorough nutrition education program from pre-school through high school and adult education, and that's the role that government can take.

What is the best way for industry to promote nutrition awareness to consumers? We're still learning. There is some experimentation going on, but there needs to be so much more.

Industry should do more listening to consumers, ask them what nutrition information they want and then analyze what's most useful. Involving consumers in the planning of nutrition awareness programs is essential. Developing consumer advisory committees is one way to get that needed input.

At Giant we have organized consumer advisory committees to help us identify and anticipate consumer needs and to make recommendations for change. These committees include individual consumers, including senior citizens, consumer organizations as well as experts in the field. Committees have helped us to develop consumer guides, fliers, and point of purchase information in nutrition and food areas in addition to advising management on store policies

As you may be aware, during this past July, a conference was held in Washington, D. C., which was sponsored by the Community Nutrition Institute, the Food Marketing Institute, and Family Circle magazine. It was an exciting gathering for me to see consumers, health professionals and industry actually talking together about nutrition information and education. The recommendations and discussions that grew out of that conference can form the beginning of what I hope will be much closer communication and action on needed changes involving both government, industry and consumers.

I believe that when it comes to industry involvement in nutrition education, one should proceed with great caution. Fundamentally, the industry should be providing only basic information about the ingredient and nutrient content of its products. This has proven to be such a problem, particularly in the areas of produce and meat, that to require the industry to concentrate its efforts in this area seems more beneficial than spreading their efforts further. From what we have seen in the way of nutrition education from food manufacturers, the quality varies tremendously. All too often it ends up being recipes that recommend using a particular manufacturer's product, and doesn't provide real nutrition information. It seems to me that nutrition education programs which arise from the food manufacturing industry will always be suspect, whether or not they deserve to be. We should depend on the manufacturers for what they're best able to give, and that is specific information about their products.

Supermarkets perhaps can go a couple of steps further. I don't recommend retailers' efforts going beyond nutrition awareness through product and buying information. I brought along with me some of the consumer guides that we have developed at Giant. They contain information on how to buy and care for food, nutrition information, and shopping tools. I should mention that each of these guides has been designed to answer the very questions that consumers have asked us. And the drafts of these guides have been reviewed by our Consumer Advisory Committees.

I mentioned before that the question for the retail food industry to ask itself, particularly in light of the increasing competition of the fast food industry, is how can it sell nutrition? Certainly there are a variety of ways, through the media, classrooms and food stamp centers, to name a few. But the retailer can't be the censor for all products. It is here that the government needs to be more active.

What is the federal role in nutrition education? There is certainly no one role. Congressman Richmond's survey illustrates so graphically the need to coordinate our nutrition efforts on the federal level. Agencies tend to get territorial and do the same studies over and over again, often without consulting another agency that might be involved. Certainly this is wasteful for the consumer. Why is there no agreement on objectives for a national food policy? It's because there is no agency leading the others and because agencies aren't talking to each other, they are talking at each other.

I mentioned earlier the necessity of a thorough nutrition education program for pre-school through high school and adult education. Certainly the government can and should develop a curriculum through the various agencies that already exist that can be used to reach this goal. FDA grants on nutrition education to universities such as Utah State and Colorado State are encouraging, but comprise a very small part of what needs to be done. Government, too, should do more listening to consumers, and develop school curriculums on nutrition education to get some experimentation going. Then, analyze and compare what's most effective. Government has a big responsibility. Improvements need to be made.

There have been times at Giant when we have found that the government has prevented us from voluntarily providing information to consumers on various food products. The nutrition labeling regulations no longer allow us to disseminate information based on the best nutrition information we have, USDA Handbook #8. We're told it's simply not good enough. So the posters that we had in various locations of the stores giving comparative nutrition information on a variety of products had to be removed from our stores, because the lawyers said they must according to the regulations. We could probably still make some posters, something like those we first used in 1971, but each must be taken to FDA for a step by step approval. Certainly this situation isn't encouraging the voluntary dissemination of nutrition information!

As a recommendation of what can be developed in the supermarket to stimulate nutrition awareness, I'd like to briefly highlight our new nutrition awareness program which we have called "Eating Right is Out o' Sight." The program is initially aimed at kids, but we're also encouraging parents, schools, food manufacturers, and retailers to join in and take positive steps to promote good nutrition.

We began developing this program last June and it will be presented in our stores in October to carry on throughout the year. As has been our approach anytime that we develop a program for consumers, we include consumer representatives, as well as the experts in the development. We've organized a Nutrition Advisory Committee composed of pre-school and elementary school teachers and principals as well as representatives of consumer organizations interested in nutrition. In addition, all the materials have been reviewed by our General Consumer Advisory Committees. We believe in drawing on all kinds of expertise rather than relying simply on nutritionists, although I have one on my staff.

I'd like to show you what has developed from this summer's work. It's only a beginning, but we hope that in some small way it may serve as a model for the industry of what can be done when it's a cooperative effort between consumers and industry. We plan to have continuing availability of the activity fliers and our Advisory Committee will be working with us on other kinds of program materials and ideas.

When you think about it, the supermarket is an ideal location for stimulating nutrition awareness among consumers. For it's here that consumers think about food and make food purchasing decisions. The very fact that consumers often look to the supermarket for their answers to nutritionally related questions indicates that there is a serious lack elsewhere in our whole food distribution and education system, and that includes government as well as industry.

In conclusion, there is much to be done to educate consumers on how to develop good eating habits. There is no one solution, but it's clear to me that government must act together in coordinating the programs that now exist, and analyzing what benefits consumers most. Developing curriculums on nutrition should be a top priority. Government can do much to make more experimentation easy to do.

And industry must do more of the listening and developing experimental nutrition program models. I believe there is a growing awareness within the food retail industry of the important role they have in helping to lessen our nutritional illiteracy. Consumers are concerned, and they will continue to ask questions and demand changes in our system.

I'd like to close by reading a quote from a letter I received from a consumer this past May. The letter is representative of what consumers are saying and summarizes what we are all talking about. I quote, "We all know the need for good nutrition and it would be greatly appreciated and very beneficial for all of us if those in the position to help change our money-ruled system to a more healthful caring system would take the steps necessary to do so. It is you -- the people in these positions -- who must make the changes and help our society become healthier by giving us at least the important choice of what to put in our mouths." Let's all do our share. I appreciate your attention and will be happy to answer any questions the Subcommittee may have.

Mr. RICHMOND. Thank you, Ms. Mathews.

I wonder if you could work with our own nutritionist, Dr. Luise Light, and hopefully invite some of these Dutch experts to our next set of hearings. I'm very anxious to learn of the progress that the Dutch people have made in this whole area.

Ms. MATHEWS. I have heard about this and I will check it out. The food technologists we have met with will be coming back to the United States in the next couple of months.

Mr. RICHMOND. Perhaps you and Dr. Light can arrange to get the right people in so that we can actually hear firsthand what the Dutch people are doing. It is a shame that we Americans who are supposedly the richest people in the world are not first in any of the important areas—health, infant mortality, nutrition—all these areas.

I think your food chain is certainly ahead of any other supermarket chain in the United States in nutrition education probably because of the wonderful Esther Peterson.

Ms. MATHEWS. She had a lot to do with it. We have had consumers also that have asked us.

Mr. RICHMOND. Thank you.

Mr. Glickman?

Mr. GLICKMAN. I would like to echo that. I come from Kansas and I like to believe that in areas where we produce the food we market it and distribute it the best. But I've never seen a grocery store chain with as much consumer orientation as the Giant Food chain.

Let me ask you some questions in terms of this. You talked about advertising but does Giant advertise on electronic media—television or radio?

Ms. MATHEWS. Occasionally; radio definitely.

Mr. GLICKMAN. I noticed in reading the papers, in your advertisement as well as the other local chains; that you do advertise a lot of junk foods. What I'm trying to figure out is this. You being a bold type of company—and I agree with you that there is no one scapegoat in the whole thing—but I wonder whether grocery store chains might, taking a bold step, wish to change their advertising format to some degree other than just putting nice little cartoons on grocery store bags and seeing the friendly TV salesman or in the newspaper advertising those nutritional items. Is that someplace that we might move?

Ms. MATHEWS. Yes; it's very much of a concern. There has to be various ways of approaching that. Certainly if some of the food manufacturers and retailers would get together enough money to do some nutrition messages on Saturday morning TV you would be reaching a lot more people than obviously one company would do.

But I do feel—it's funny you mention it because we had a meeting of our Nutrition Advisory Committee yesterday—and I asked that committee their opinion on this very topic. I said, "Look, when the program comes out I'm very aware that there are two messages going out from Giant Food. One is to buy anything and everything as they would do. The other is to stop and think about nutrition." I would like us to advertise only the nutritious products if I had my choice.

The problem that the company faces is that they make more money on the fabricated foods.

I would hope in the next few months there might be some way to see how we can approach this and how the more nutritious products can be promoted while still giving the consumer a choice.

Mr. **Glickman**. That's a fundamental thing. There are high markup items in nutritional foods. You can buy seeds, raisins which are high markup items also. I used to have members of my family in the grocery business. Also cereals have a higher markup than perhaps meats, fruits, and vegetables and those kinds of things.

But the point is that just having a Saturday morning show telling you what you should eat does not really hit home. Living in the kind of society we live in with the impact of mass media, as well as the housewives who read the pages in the Washington Post or Star on Thursday mornings——

Ms. **Mathews**. It's not only the housewives.

Mr. **Glickman**. I'm sorry. I didn't mean that as a sexist comment but anybody who reads them.

But the other thing is this. You talk about the Government prevents you from voluntarily providing information. You talked a little bit about USDA or Food and Drug Administration requirements. I wonder if you could specifically list the Government restrictions which keep you from providing good nutritional information.

Ms. **Mathews**. That has been the most troublesome problem to us. The FDA regulation on nutrition information which says that you cannot put up a poster about the products unless each of those individual products has a nutrition label on it. It's up to the manufacturers obviously to do that type of thing so that more of that can be provided.

For example, if there were a regulation on percentage ingredient labeling, that would encourage other companies to do that. With the help of some consumer advocates Giant petitioned FDA in 1971 to require and develop regulations on percentage ingredient labeling. That has been reviewed and reviewed. We got a letter this past January saying that they are still reviewing it.

There are some proposals being considered but not enough.

We cannot get the information from our suppliers sometimes unless there is a regulation or it looks like there will be a regulation in the books. It is a difficult problem. We have tested it but seven products is not enough.

Mr. **Glickman**. Mr. Chairman, I have not looked at all the future lists of people who are going to be testifying. Are we going to have other people from the grocery industry?

Mr. **Richmond**. Yes; we are going to have several days of testimony from agribusiness and so on.

Mr. **Glickman**. Thank you.

Mr. **Richmond**. Mrs. Heckler?

Mrs. **Heckler**. There is a certain competitive disadvantage in advertising a product that might be helpful but not as commercially popular. It seems to me that all this points out that not only do the supermarkets have a role but the consumer has a role and the Government has the biggest role. The question is where will the leadership come from.

I have one question relating to Super Giant concerning the positioning of items at the supermarket.

Has any thought been given to placing natural foods and vegetables and nutritious products in the most advantageous and most noticeable position in the supermarket?

Ms. Mathews. Yes; I'd say there is because I know at one time there was a common format in all of our stores so that when you enter it you would see the produce area and the plants because that is a big seller. They did not always have the produce there. They found that they sell more produce by having it as you enter the store.

That would be the only area off the cuff that I could think of. In any supermarket there is some promotion at the end of the aisles.

That is an area that needs to be looked into. The placement of products at the eye level is something. There is such a rotation of products, on the other hand, that it is something that really needs a lot of investigation, I think. It's one of the areas that our people have been pushing us to look into.

Mrs. Heckler. Thank you.

Mr. Richmond. Thank you, Ms. Mathews. We look forward to hearing from you again.

Our next witness is Ms. Jeanne Voltz of Women's Day magazine. I believe Ms. Voltz is going to tell us what nutrition questions her readership is asking and what they feel the real issues are.

[The prepared statements of Ms. Voltz and Ms. Meringoff follows:]

Testimony Submitted September 28, 1977
Jeanne Voltz
Food Editor
Woman's Day Magazine
1515 Broadway
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U.S. House of Representatives
Committee on Agriculture
Subcommittee on Domestic
Marketing
Consumer Relations and
Nutrition

In my office, I have a constant flow of consumer questions, responses, worries and concerns coming across my desk. Readers phone us. Readers write us. In almost any social situation I'm stuck with the woman and/or man whose burning interest or fetish is nutrition.

Yes, the general public is deeply concerned with nutrition. Most homemakers think they know the last word on nutrition--either from their mothers, the example restaurant menus set, the bits and scraps of information they pick up in television, radio or the print media such as mine.

But consumers comprehend only what they want to know.

They want the magic food that will protect them and their families from any gastronomic indiscretions they shall commit the rest of the day. The young are into nutrition. One young man was proudly showing me his pad shared with two or three other young men in the Hollywood Hills in California. He flung open the refrigerator door to show four cartons of flavored yogurt--nothing else.

He explained that he had yogurt and an instant breakfast drink full of vitamin C for breakfast. "Then I don't have to worry about what I eat the rest of the day," he explained--rather sheepishly, I might say, since this young man had grown up eating a rather conventional diet of meat, vegetables, milk and bread. He had even been an advocate of collard greens, when his mother washed and cooked them for him.

The consumer puts great faith in a magazine such as ours to provide nutritious food ideas--now note, I say ideas, not the details of nutritional components. The reader follows recipes and menu plans enthusiastically. Many readers rely on our feature, Money-Saving Menus, to insure a nutritionally balanced dinner. This is their insurance against the anything-goes attitude in eating the rest of the day.

Our menus and recipes are specific, keyed to seasonal foods, taking advantage of fresh foods when practical. Menus and recipes also are adapted to the pressures of our time that make food selections and preparation more difficult.

Three factors contribute to mediocre nutrition today:

1. Lack of time for food preparation and shopping. Almost any consumer is caught in a time crunch. People I hear from by letter or phone or in personal contact spend no more than 30 minutes preparing a meal. They have no more time or think they have no more time. This cuts into use of fresh vegetables, long cooking but sometimes less expensive and more nourishing foods and basic tasks such as bread baking and simply baking potatoes.

2. Snacking, morning, noon and night. It is much more difficult to provide essential nutrients in snack foods than in formal menu settings. Snacking also is believed to be implicated in two major nutrition problems in this country--obesity and dental decay.

3. A sedentary life which has reduced energy requirements, yet needs for vitamins, minerals, protein and other nutrients remain constant. So far, jogging or any other therapeutic exercise doesn't come close to the energy expenditure of the worker who walked to his bank or office a generation ago or the farmer who walked behind a plow and mule.

Among the other obstacles to an optimum diet are processed foods which the consumer cannot evaluate, lack of money to buy good foods and a complex marketing system. These factors, however, seem to me more cause than effect.

A very busy cook who spends only 30 minutes preparing dinner must rely on foods that don't need peeling, shelling, chopping, pureeing or other preparation. Industry has responded to the need in mixes, skillet dinners and frozen prepared vegetables.

Americans expect to spend money for steak and other status foods, but scrimp on foods that perhaps are more necessary for nutritional balance.

The marketing system has developed to meet consumer desires, including tomatoes and strawberries anytime of the year. The food merchandiser and manufacturer expects a profit in a typical American standard. Today the wheat in a loaf of bread costs less than the cost of trucking it to the market.

The average homemaker is baffled by the enormous variety of foods she can buy and how to combine them in a good diet.

The government agencies, federal, state and local, that provide nutrition information have done a good job--as far as it goes. The media is loaded with nutrition education for the price of the magazine or newspaper or the time spent looking at TV or listening to the radio. So where is the communications gap?

Nutrition educators fail to recognize snacking as the great American nutrition indiscretion, lack of cooking and shopping time as the great American nutrition barrier and the sedentary life as a need for new nutrition standards in terms the consumer can understand.

To boot, some of the nutrition education specialists are still showing arms clothed to the wrist in white coats kneading bread or packing jars for canning. We're simply out of step with our readers.

Today's nutrition pupil is wearing blue jeans and a T-shirt in the kitchen, and is more suitably dressed than the uniformed arm in extension bulletins if she is kneading bread or peeling peaches.

Too much nutrition education fails to connect food with nutrition. Too many consumers think they feed their families well if they serve a steak, baked potato and salad. Many bulletins distributed by government agencies and industry associations are outdated by 20 years, when a housewife spent half her waking hours in the kitchen. She bought snap beans from a near-by farm and they were in season only two or three months during the year. She knew how to cook snap beans, or the government bulletin showed her how. A young friend was shocked when her neighbor bought a package of frozen snap beans, when gorgeous fresh snap beans were displayed in the produce section. The neighbor said, "The package tells you how to cook them. I don't know what to do with fresh green beans."

We are trapped in a society that knows steak is important, or at least protein, but doesn't know that one vegetable is not necessarily as good as another vegetable. The Basic Four has been worked to death, to that point that four servings of vegetables and fruits is outlandish to at least half our people. Most of them don't like that many vegetables and fruits. We have failed, too, to evaluate quality in vegetables, fruits, meats, poultry and fish. Breads and cereals have been neglected for the sake of other less needed foods. Milk products of high quality are woefully lacking in many diets. We have failed to emphasize the excesses in food selections, yet there is much evidence that the high fat diets most of us consume contribute to cardiovascular and other diseases.

We have a nation of nutritionally interested people. Many are victems of idiotic, sometimes cruel nutrition misinformation. Yet we have the most varied food supply of any nation in the world, the material for optimum diet.

What ails our nutrition education programs? We must have new nutrition standards in terms an amateur eater can understand. Perhaps we need new foods and to be realistic, we must recognize the cost of reformulating foods to meet changing nutritional needs.

This is why this country needs a nutrition policy or at least well-designed guidelines for processing manufacture and merchandising of foods, along with revised nutrition education materials. We must start teaching good foods to kindergartners, which is where I got my first nutrition lesson after my mother's table.

We can't let teen-agers continue the slapdash snacking they've fallen into because families are too busy or school lunches don't taste good. We can't continue the myth that one good meal, makes a day's meal. This is a project for government, industry and media to share.

Mr. Richmond. Thank you, Ms. Volts. We appreciate your testimony.

Mrs. Heckler. I think it is good to hear an outsider's voice from a different vantage point. Hopefully we can develop a policy that will be helpful. Thank you for your testimony

Mr. Richmond. Our next witness is Ms. Laurene Meringoff, Harvard University.

TESTIMONY SUBMITTED TO THE HOUSE SUBCOMMITTEE ON DOMESTIC MARKETING CONSUMER RELATIONS AND NUTRITION

Prepared by Laurene Meringoff

Date: September 28, 1977

I would like to take this opportunity to bring to the foreground and articulate for you a dimension of the daily environment within which nutrition education presumably takes place, that is, the presence of national advertising of food products (and services) on television, and to focus specifically on children as the receiving audience of these commercial messages. In preparing my remarks I have selectively summarized the available research regarding current food commercial practices and children's responses to such advertising. I have as well alluded to several as yet untapped uses of research. In sharing these observations with you, I hope both to further inform you and to provoke your interest in this issue.

Before doing so, however, let me briefly identify some of the roots of my own involvement in this area. My academic training is in child development and educational psychology. My research background with television food advertising has two primary sources: The first is several years' experience as a research associate with a private consumer research firm, during which time I had the opportunity to do work for most of the major food advertisers, testing their commercials and products with children (and parents). More recently, I participated, as a senior investigator in a program of secondary research, funded by the National Science Foundation, intended to assess the present state of research knowledge about the effects of television advertising on children. Currently I am completing a doctoral program at the Center for Research in Children's Television at Harvard.

Now, to return to the subject at hand, let me first point out to you that the definition of children's advertising to which regulations are applied, both by federal agencies and industry, is confined to advertising placed in programs which reach audiences composed of mostly children (which, in effect, means weekend morning telecasts). Since it is well documented that the great majority of children's viewing occurs at other times, the extent to which current regulations can in fact protect children as a special audience is restricted to a relatively minor portion of their viewing experience.

However, the food commercials which do fall within this definition are still deserving of special attention because they have been specifically produced with children in mind. In characterizing these messages, research has to date documented what most of us already know or suspect; for example, that out of the wide range of edible products, what is advertised to children represents instances of only a few different kinds of products (such as presweetened cereals, cookies and candy products). In terms of how these messages are executed, we know that foods tend to be promoted to children on the basis of taste or flavors, musical jingles, animated (presenter) characters, special prizes -- that is, on the basis of attributes other than their nutritional value. In the case of confections and other sweetened snacks, advertisers themselves point out that taste and flavor are the primary attributes; therefore it would be inappropriate to claim that these products contributed to well-balanced meals or served as healthy snacks.

This kind of research which systematically analyzes content could be applied more incisively, for example, to describe how those few nutritional disclosures which are required are depicted. Given that the NAB Code admirably requires that commercials promoting breakfast products to children include some reference to the role of the product within a balanced meal, content analyses could address a question like: how much time or emphasis, both auditorily and visually, is the "part of a balanced breakfast" disclosure actually given in most 30-second cereal commercials?

Recognizing that the influence of television does not occur in a vacuum, research has also tried to account for factors which may mediate between exposure to food commercials and their possible effects on children. Inasmuch as parents are usually figured as being in control both of the family's food purchases and of what gets served at mealtimes, the kind of interaction that happens between parents and children regarding advertised foods has been focussed on as one of the most important of such mediating variables.

Different research methods have been used to approach the question. For example, children and parents (invariably mothers) have simply been questioned about how food purchase decisions get made. Applying more inventive methodology, other researchers have disguised their experimenters as supermarket store clerks and so have been able to unobtrusively observe what happens when parents accompanied by young children wheel their carts down the cereal aisles. These studies present consistent evidence that parents tend to yield to children's preferences for advertised foods, whether expressed directly as requests (and demands in some cases observed) or more indirectly, by parents already knowing their children's preferences (sometimes referred to as "passive dictation").

The point here is that although (as some food industry spokesmen argue) parents may assume ultimate responsibility as meal planners, this research indicates (as most parents already know) that children can and do play a critical role in influencing food purchase decisions.

Not to oversimplify the case, though, let me just mention that children also admit there are certain foods their parents say they have to eat; however, the foods cited most often, such as vegetables and meat, are not among those advertised to children. (It seems a perfect opportunity for producers of such basic foods to ally themselves with parents.)

In this context it could be instructive for research to systematically compare parent-child interaction about such required but unadvertised foods with those heavily promoted on television.

While the research I have described to you so far is useful in describing the nature of food commercials and in suggesting the kind of relationship which may exist between parent-child interaction and the purchase of advertised foods, in neither case are we dealing directly with children's responses to food commercials. In order to determine that television food advertising is indeed responsible for affecting children's knowledge and attitudes about foods or their eating behavior for that matter, their exposure to commercials has to be experimentally manipulated. Two independent sources of such research exist. One is industry-based and consists of strictly in-house research conducted by advertisers and advertising agencies to determine the potential effectiveness of their ads. They are typically interested in finding out, for example, whether children shown a prototype commercial remember the brand name and say they would ask their parents to buy the product.

The other, academic-based body of research is quite limited. Several studies have shown, for example, that children do learn specific information from commercials (not surprisingly, about brand names, premium offers and musical jingles), and come to accept certain product claims made about advertised foods. However, this may include acquiring incorrect as well as correct information. In one case, a pilot study found evidence that children presented a commercial (reviewed by the Federal Trade Commission) in which an adult is shown adding wild-growing berries to a bowl of cereal, subsequently expressed some mistaken beliefs about what kinds of plants were really edible. It is also noteworthy, looking across these studies, that it is younger children (less than 7 or 8 years old) who are generally more likely than older children to be persuaded by (e.g. to shift their beliefs and express acceptance of) the various food product claims made in commercials.

While these kinds of findings, particularly the age differences in children's responses, may pose problems for those regulators and policymakers who tend to consider children as a homogeneous audience, they also argue persuasively for testing food commercials with children, especially younger ones, to determine what information they are actually receiving.

Although we know from content analyses that little nutritional information is made available to be learned, it would still be very useful to determine, for example, the extent to which children perceive and understand the references to "energy" and to the role of a cereal in a "balanced breakfast" which do appear in some food commercials. Longer range effects of television food advertising on children, though more difficult to measure, also need to be studied. For example, does the limited range of food products presented in food commercials have a cumulative influence on children's conceptions of what is appropriate and desirable to eat at meals and for snacks? And does the promotion of food products on the basis of attributes other than their nutritional value influence the ways in which children develop food preferences?

In concluding my remarks, I want to emphasize why this issue bears importantly on these hearings. With regard to the television medium in general, its daily use by most children and parents marks it for a potentially powerful role in providing nutrition education. In terms of the food advertising repeatedly aired on its commercial networks and stations, I have tried to identify and suggest specific ways in which these commercials may shape children's knowledge and beliefs about advertised foods as well as the food purchases they attempt to influence, and why they are therefore deserving of careful study and regulation. Finally, in focussing your attention on children as the receptive audience of food product information, let me simply note that they are in the uniquely vulnerable position of both forming initial food habits and expectations about what is good to eat, while at the same time not necessarily having been adequately taught about the vital relationship between eating nutritious foods and being healthy.

Mr. Richmond. Thank you very much. We are very much interested in your testimony.

Ms. Meringoff. I wonder if I should make available to you the chapter from the National Science Foundation's study that deals specifically with food advertising. It summarizes the available research. If you would like I could submit that.

Mr. Richmond. Yes; that would be very helpful.

[The material referred to is held in the subcommittee file.]

Mr. Richmond. We thank you very much for your testimony.

Our last witness for this morning is Ms. Blanche Erkel representing consumer groups in Minnesota and Wisconsin.

STATEMENT OF BLANCHE ERKEL, CONSUMER

Ms. Erkel. I am Blanche Erkel representing consumers in Minnesota and Wisconsin. I have submitted statements from the Wisconsin Consumer League, the Northeastern Consumer League of Minnesota.

Mr. Richmond. We will insert them.

Ms. Erkel. I will give my viewpoints. I work with 8¼ million consumers. I have been in this position for the last 13 years so I would like first of all to highlight some of the needs and perceptions of those consumers. I would like to give some suggestions they have as to what we can actually do out there at the end of the line where there is consumer education.

First of all, consumers have really lost confidence in the Government agencies, the food industry, and possibly even elected officials. Most disturbing is that they have lost confidence in the food scientists. These people that are at land grant colleges and universities are often accused of being biased because they get research grants from industry and are paid as consultants to industry.

As a result of this concern and lack of credibility of the food industry, many consumers have formed groups such as the food co-ops. I have submitted some material in this regard to the committee.

The major areas of concern with the consumers are particularly the food supplements, the various kinds of diet products that are now on the market. When we talk of two phases of malnutrition we certainly have had brought out in the testimony here the concerns of obesity and the demand for various kinds of diet products.

I have had so many calls about the liquid protein diets which are now flooding the market that it is very difficult for people to make a wise decision as to whether they should go this route in selecting these products.

The same thing is true in the expensive food supplements. I am sure that as nutritionists we repeat over and over again that people can obtain all the nutrients they need from our food supply. Of course, we hear a lot about the basic four but the consumers are confused because they do not know who to believe. They have questions about the food supplements and vitamins and minerals.

We also need to use language that consumers understand. Many nutritionists are not willing to discuss junk foods. They say there is not such a thing as junk foods. They want to talk about "nutrient density." As far as consumer education is concerned we are a long way from that type of nutrition information.

Last week at a meeting I had with consumers in La Crosse, Wis., I found a real concern for the duplication of existing services. They had the expanded food nutrition aides talking to the same people as the welfare counselors, the food stamp Outreach workers, but with very little coordination of these services.

So when I suggest some changes in the nutrition education, I think we just said that we cannot teach nutrition in a vacuum. Nutrition education should be a part of a complete education effort. We must include all phases of lifestyles affecting our health, along with nutrition education. This includes a need for exercise and the need for handling stress.

Much of this can be done with a complete community approach to health and nutrition education. This takes a real saturation. It should certainly be directed toward the elementary schools, but also we should utilize all the other nutrition resources we have in the community like the voluntary health organizations, the parents groups, health professionals, the churches, the civic groups, and service clubs.

We had comments yesterday about the media which was being directed toward Boy Scouts. They also should be included in this community health and nutrition education effort.

We can all do the things that Giant Foods are doing without local retailers if we have enough community support.

I am quite interested in the cooperation with local media. I did bring one example along to show what one of our journalists, who graduated in journalism from the University of Wisconsin but now is working for the Minneapolis Star, has recently done. She has an article in the Taste section, that Wednesday supplement of the Minneapolis Star, showing some of these very products that we have on display. It is interesting to note that the "crazy cow" has been rated. She lists whether it has nutritional labeling or not which is important. But she also suggests from the survey that was done that none of the people interviewed purchase that particular product.

There are opportunities for nutritionists to work with local media.

I think in order to actually do this at the community level, however, we need the support of the Federal Government. We have talked here about commissions and superagency groups and so on. But we certainly need interagency groups working together as they now exist in the Federal Government. These interagency groups working together could design a model for community action. This could be used as a guide for statewide and also for local community education programs.

While I am discussing this, I am concerned that we really do not get lost in the bureaucracy of lots of plans and intricate evaluation systems because very often we find that people are so busy making plans and seeing that everything conforms to those models that are set up by the Federal Government that the person who is really out there at the end of the line needing the basic information, such as how they can best utilize their food dollar to buy cereal, still does not get that information.

Thank you.

[Material submitted by Ms. Erkel follows:]

WISCONSIN CONSUMERS LEAGUE,
Madison, Wis., September 22, 1977.

MS. BLANCHE ERKEL,
Consumer Specialist, Food and Drug Administration,
Minneapolis, Minn.

DEAR BLANCHE: We are pleased to know that you will be speaking on behalf of consumers at the House Agriculture Sub-Committee Domestic Marketing Consumer Relations and Nutrition Hearing.

American consumers have the greatest marketplace in the world. We enjoy the highest standard of living, and have more goods and services to choose from than in any other country. To exercise both the rights and responsibilities inherent in our system, it is essential that consumers have accurate, balanced information on which to base their purchasing decisions. Nowhere is this need more important than in the selection of food products which make up the daily diets of every consumer.

Consumers are in dire need of education about food and nutrition. Consumers are confused and really don't know how to spend their food dollars wisely to compare values and get the best nutritional value, in spite of the vast amount of information available from the media, food companies, government agencies and other sources. Adequate tools to assist the consumer in making such decisions just aren't available—particularly to disadvantaged and low-income consumers who are in particular need.

The WCL urges that steps be taken to assure that consumers have available a nutrition education program at the community level, involving the cooperation of educators, business, consumer and public interest organizations and government.

The WCL would be happy to cooperate in the development of this program. A number of our members are doing a great deal of work in the area of nutrition education and would be more than willing to lend their expertise to your own considerable experience in this very important mission.

Sincerely,

CAMILLE HANEY, *President.*

STATEMENT FROM DOROTHY RYBERG, NORTHEASTERN CONSUMERS LEAGUE, DULUTH, MINN.

In Northeastern Minnesota we are concerned about where the nutrition authority in this country is—food processors, the Government, or independent nutritionists.

We are upset by the numerous additives listed on labels.

We are in doubt about department rulings that seem to do an about-face at regular intervals and on everything from food to factory pollution.

All Americans might be better prepared to cope with the advertising world and develop better nutrition habits if fifteen minutes a day could be devoted to the subject in the schools from kindergarten to senior classes as soon as possible.

Let the Advertising Council and the Federal Agencies devote some of their talents and energies to nutritional advertising for radio and TV. These ads for good nutrition could be directed at children and food stamp users as groups who know the least about the subject.

Mr. RICHMOND. Thank you very much for your testimony.

We appreciate your coming.

We also have appreciated this wonderful audience this morning.

We will recess now until 2 p.m. this afternoon.

[Recess taken.]

AFTERNOON SESSION

Mr. RICHMOND. The subcommittee will be in order.

Good afternoon. We will continue our hearings on nutrition education.

Our first witness this afternoon is Ms. Kinderlehrer from Rodale Press.

It is a pleasure to have you. We hope you will give our best regards to Mr. and Mrs. Rodale. You certainly represent an outstanding publication.

[The prepared statement of Ms. Kinderlehrer follows:]

STATEMENT By Jane Kinderlehrer,
Senior Editor, Prevention Magazine
Representing Rodale Press,
Emmaus, Pa.

What The Consumer Wants To Know

A recent survey revealed that for the first time there is a subject of more interest to the public than sex. The number one topic is now nutrition and health.

In our pursuit of health and because of the rising tide of discontent about the time bomb effect of the chemicals and pollutants in our midst, we have become a nation of label readers. Walk down the aisle of any supermarket and you will see people reading labels. We will also see people who are confused and miffed by many of those labels. Instead of being a source of enlightenment, the label is actually a source of deception.

In order to wean the children away from the most sugary of the dry cereals, parents look for one which doesn't list sugar as the number one ingredient. Here's one: Oat flour comes first, then comes sugar, corn syrup, corn starch, dextrose. If you add up the sugar, corn syrup and dextrose would it actually exceed the oat flour? Should this cereal be labeled candy rather than cereal?

Eating too much sugar, it is claimed, opens the door to marginal or deficient intake of vitamins, minerals and natural fiber. It can lead to many problems -- such as maturity onset diabetes -- and causes hyperactivity in some youngsters. The consumer wants to know why the food industry is allowed to seduce our children every Saturday morning with commercials for their cereals, which according to their sugar content should be classified as candy. The consumer wants to know why the food industry with its tremendous technology does not put some effort into making a truly healthful product without sugar and without chemical additives, and advertise that healthful product to our children with the same kind of fanfare they are using to seduce them into poor eating habits.

Hundreds of food products are covered by a "standard of identity" which as far as the consumer is concerned does not reveal but conceals the identity of the ingredients.

When we read the list of ingredients in a jar of mayonnaise, can we be certain that there are no unlisted ingredients which are covered by the standard of identity and do not have to be mentioned? Standard of identity in many cases works against a good product. We know of one manufacturer who developed a hot dog without artificial flavor, color or nitrates. But since nitrate or nitrite is one of the ingredients included in the standard of identity of hot dogs, this man could not call his product hot dogs. This bottle of ketchup contains no artificial flavors or color, no sugar or corn syrup -- which many health-minded people are trying to avoid -- and therefore it cannot be called ketchup. It must wear a crepe label and be called imitation ketchup.

What about fruits and vegetables? If the grocer is handling any that are unsprayed, the consumer would be happy to know. Apples in the marketplace are nice and shiny. Must we get a load of paraffin with every bite? Which ones have been waxed? What about the cucumbers, peppers, the rutabagas? Why must they be waxed? More and more consumers are seeking pure unadulterated food and are willing to pay premium prices for it, even if it contains a few more blemishes than their chemicalized cousins.

Label information on ice cream is not only inadequate. It's misleading. You may see "artificial flavor" on the label and assume no artificial color has been added. Wrong. Artificial flavor must be stated but not artificial color. And yet the artificial color is one of the worst enemies of the child who is subject to hyperactivity. The consumer wants to know when color has been added, also when the ice cream contains propylene glycol, glacial acetic acid, benzyl acetate, vanillin (an artificial vanilla flavor), methyl cinnamate, and all the other variations on the chemical theme that are now permitted in the manufacture of ice cream but need not be stated on the package.

When it comes to meat, we're all in a stew. Meat from animals which have not spent their last months in feedlots getting fat on hormones is made available to the people of Canada. Why isn't it made available to us? Liver is a good food, especially for pregnant women. But

Dr. Rauscher, head of the American Cancer Society has warned pregnant women against the use of liver in their first three months of pregnancy because when given to pregnant women this hormone has caused cancer in their daughters. Consumers want to know why we can't get liver that has not been tainted with DES? If there is some available, why isn't it so designated? Which animals have been to the feedlots for fattening with hormones and which have not? How can the consumer know? Which meat is from Argentina or Australia? These animals have not been fed DES; it's not allowed there. But how can the consumer know?

Many people are concerned about what their children are eating in school. We cannot help but feel that the government, in spite of its good intentions, is in fact the chief adversary to a wholesome lunch program. School dietitians who want to build health into the lunch program would like to know, why does the government send them bleached white flour instead of whole wheat, with its full complement of vitamins and minerals? Why does the government send them white rice instead of brown rice? Why does the government send peanut butter that contains sugar and hydrogenated fat? Why does the government send hot dogs that contain nitrates and artificial colors which can make some children and their teachers climb the walls? There is, it has been found, a decided relationship between diet and school performance, the child's general health and the child's dental health. Hyperactivity, it has been shown by Dr. Feingold, can be the result of additives and processed foods. Many children do not apply themselves because they can't.

We cannot teach the importance of proper nutrition and then turn around and serve junk food in schools. It puts a stamp of approval on products that violate the school's own teaching. That kind of hypocrisy has been thrown out of several school districts. The sale of candy, chewing gum, soft drinks, ice bars and other sweet items was banned by the West Virginia State Board of Education. Parents in Dallas, Texas; Bloomington, Indiana; Greenburgh and Hartsdale, New York, have also pursuaded officials to rid the cafeterias and vending units of nutritional garbage.The school district of Smithtown, New York, is making additive-free lunches available to hyperactive kids. Many PTA's, however, are reluctant to junk the junk foods because they depend on the sale of this food to fatten budgets used to buy band uniforms and to promote extracurricular activities. In Greenburgh, the parents convinced the caterer to stock nutritious substitutes assuring him they'd sell well. They did. Similar success has been reported in . schools on Long Island.

Each school must fight a long hard battle before it can get rid of the sweet junk in the lunch program and in the vending machines. The campaign would be speeded up tremendously and the health of our children considerably improved if there were a federal law prohibiting the sale of junk food in the schools.

Finally the consumer wants to know why it is that in France, well known for.its flavorful food, only seven food flavors are used and yet we in our country allow the use of 1,100.

Mr. **RICHMOND.** Thank you very much, Ms. Kinderlehrer, I agree with what you said. There are some interesting facts. France only allows seven additives, is that right?

Ms. **KINDERLEHRER.** I'm sorry, it is seven flavors.

Mr. **RICHMOND.** And we allow 1,100?

Ms. **KINDERLEHRER.** Each one is a compound of different chemicals and no one knows what the synergistic effect of these chemicals is because they have never really been tested for that kind of synergistic reaction. So the effect may come in 5 or 10 years. It is not an overnight thing.

Mr. **RICHMOND.** Your magazine is helping to educate the public. We need more of this. That is why we are holding these hearings.

Hopefully these hearings will lead to an awareness by the food manufacturers themselves that it is possible to sell nutritious food and make just as much money.

We thank you very much.

We have a panel now, consisting of Dr. Doris Calloway, Ms. Catherine Cowell, and Ms. Mary Goodwin.

Dr. Calloway, you may begin.

STATEMENT OF DR. DORIS CALLOWAY, UNIVERSITY OF CALIFORNIA AT BERKELEY

Dr. **CALLOWAY.** Thank you, Mr. Chairman, for inviting me to your hearing.

I don't have a prepared testimony so I will do the best I can with 5 minutes.

The sum of my contents would be that nutrition messages suffer from some problems today. They are simplistic, they are often boring, and they are often very conflicting with messages from different sources. They are not often relevant to consumer interests and the things that people really want to know. I could elaborate on any of those points and I will try to do that a bit.

From the point of view of being simplistic, I think this applies both to messages in public and private sectors. Genuine nutrition cannot be tought in 15- or 30-second spot commercials. It is more complicated a topic than that. Means have to be found to portray the complex science.

But more importantly from the consumer's point of view, the messages need to be provided in such a form that they can understand the complexity of the food system as we have presented to us today.

Some of the things I just heard from the previous witness about benzoid; for example, it is perfectly acceptable to eat plums in which benzoic acid is a natural component, but it is viewed with some caution when it is an additive. There is something to be understood there—to make an informed choice.

Particularly, I think people are unable to recognize nutrition and health interactions in such a way that they will be motivated to change their eating behavior.

From the boring point of view I don't think I need to say much. We've all been exposed to the "basic four" from kindergarten and it has not been much updated beyond that point. No matter how well intentioned and how accurate, most of the public service messages in nutrition are written by nutritionists. I think we could all benefit from some writers and some larger budgets rather than our present low-budget activities.

The messages I find to be conflicting. The messages in the public sector that come from such places as the Department of Agriculture and Health and so forth versus what advertising says and this is contrasted to what people may have learned in their own homes as cultural wisdom and what the extremist fringe has to say. These messages are very frequently in conflict. This leads to confusion and people's ability to sample among experts and choose what they wish from amongst those experts. So we need some coherence in the message that is being transmitted.

There are several levels of this. One in the school system to which I referred earlier is the fact that the biggest message is what is served much more than what is said about it, and we have lost the point. One could cry for the opportunities lost by allowing items to be served that are not nutritionally sound. That includes your own cafeteria downstairs.

The spoken word has probably less impact than the three to five meals does every day.

The pseudo expert is a serious problem and one that I think needs some attention. I am sure others have spoken to the need to educate the medical profession. Whether we share the perception or not that physicians are the final authority, the public generally regards it as that, and that is where they take their definitive information. It is one of the least poorly informed among health professions.

Fadism is another. I probably view this with more concern that I think you do. This pertains to some of things I see written in even well-intended magazines such as Prevention.

Turning to advertising, it is really an invidious influence, I think. It has been addresed to nutrition in contrast to palatability only rarely. It has been addresed to nutrition where it can either trade on fear, that is to say that Mom is not doing right by her children if she does not have enough protein in her meals, or that cholesterol is bad for your health and therefore, you should avoid it. Or it has been, if not based on fear, then it has been fairly much ignored for the promotion of seductive foods.

If you were in a legal setting, you would almost have to say that philosophically the advertisement is entrapment because it induces people into behaviors that are not in their best, or society's best, interest.

I am concerned that as the Congress approaches the matter of education there are other issues that relate to the nutritional states of people that we persist in doing what I regard as development of half policy. I realize in a more ordered place, policy would be given from leadership from the executive and acted upon by the legislative.

I commend you all for having taken some initiative in the absence of leadership elsewhere.

But half a policy does not do it. A half a policy—let's take sugar as an example; there is a great deal of conflicting advice and concern on the public's part. If you really wanted to get rid of sugar-rich products that are low in nutritive value, then you could make some structural changes in a legal way that would tax it out of existence or do something else to it. You could get rid of bad advertising by not allowing it to appear as a legitimate business cost. Someone in the industry would suffer and people are not willing to face that.

But what happens when you come in with nutritional labeling? It's intended to inform and really can do that. I really think nutritional labeling is a benefit whether people never read the labels because at least there is a concern that someone will read them and someone will know. So no matter how effective to the mass it has been, I'm not wishing now to speak against that.

But if you label for a handful of nutrients, then those are the ones that are brought to public attention and are given the most concern by the food industry. So if a product manufacturer such as, let's say Total cereal, wishes to advertise itself as nutritious, it can add pharmaceutical vitamins and minerals to raise it to 100 percent of the standard.

Whereas the reason we choose foods is that foods are a blend of nutrients, some of which we are only recently recognizing, and we cannot quantify accurately to set standards for. Pharmaceutical preparations are effective if you have beri-beri. Crystalline thiamine is as good as any other thing in the correction of that vitamin deficiency disease. But in foods if you add a pure synthetic chemical, you are then not taking care of things like chromium and selenium and vitamin B6 and so forth. So what you get then is something like Tang, a product that looks like another and tastes like it and it can pass safety tests. It can advertise itself as having nutritional properties because it has vitamin A and C. But other than that it bears no relationship to an orange at all.

What you need if you're going to have policies to require information, is then some kind of a guarantee that the foods themselves provide and deliver to the consumer what the labeling information leaves them to expect logically to be there.

I don't know how you approach that except to say that agriculture and the consumer are certainly on the same side and I would like to see it viewed as one constituency rather than two and perhaps the industry on the other side.

I hope I did not overrun my 5 minutes but I will answer questions if you have them.

Mr. RICHMOND. Thank you, Dr. Calloway. I know you are a proponent of the family farm as well.

Dr. CALLOWAY. I am, indeed.

Mr. RICHMOND. My partner in the urban rural coalition is Congressman Nolan. I am sure you would like to meet him. Maybe we can arrange that.

Dr. CALLOWAY. Thank you.

Mr. RICHMOND. Ms. Goode. She is representing Ms. Catherine Cowell. We have Ms. Cowell's testimony and we can insert it in the record if you would like to summarize it.

[The prepared statement of Ms. Cowell follows:]

Presentation to: Subcommittee on Domestic Marketing,
Consumer Relations and Nutrition

Committee on Agriculture, U.S. House of Representatives

September 28, 1977

STATEMENT OF MS. CATHERINE COWELL, NEW YORK CITY HEALTH DEPARTMENT, PRESENTED BY MS. RUBY GOODE

Nutrition Education: An Expressed Need by Consumers at the Community Level

Increased interest in nutrition by the public has reinforced the role of nutrition as one of the basic services of any effective health care system. Nutrition has a basic role in preventive health care because of its natural and essential meshing into all other health services. Moreover nutrition education is a shared responsibility among the interdisciplinary health team. Since public health agencies are traditionally governmental, supported by tax dollars and provide a range of regulatory functions, nutrition services delivered in this setting need to be explored as a base for building a national network of expertise.

The efforts of this Committee are laudatory in studying "The Role of the Federal Government in Nutrition Education". After reading this report it is unequivocally clear that thedelivery of public health care at the local level must be strengthened. That there are existing models of nutrition services for consumers must be first recognized; and secondly given tangible support to build a more permanent foundation for a national network of nutrition expertise. Then current and future attempts to assess the impact of nutrition education on improving the knowledge and eating behavior of consumers would be measurable based on acceptable data collection systems. It is in the context of nutrition education as a viable service in public health care that these comments are offered.

The nutrition services provided as an integral component in public health care delivered by the New York City Department of Health is offered as an unique model because of:

(1) its long and prestigious efforts of prevention dating back to 1866 with the goal of looking after the health of the citizens of New York;

(2) its educational activities in 1900 at the free milk stations teaching mothers about feeding their babies;

(3) its priority and support of an identifiable nutrition service as first a division in 1943 and as a Bureau in 1949 under the leadership of the late Dr. Norman Jolliffe;

(4) its continuing commitment to nutrition by maintaining a nucleus of excellence during a period of critical financial crisis.

Some of the milestones of achievement in public health nutrition grew from these noteable efforts of the Health Department. Listen to Nutrition, a daily radio program has been continuously aired since 1943 and may be the longest sustained nutrition program on any network in the country. The growth of the listening audience is marked by a striking and dramatic increase for nutrition information, educational literature and the airing of the program more than once a day. Distribution of the Bureau of Nutrition's literature attests to this increased consumer requests from roughly 25,000 annually in the 1950's to over a million and a half in 1975. During this same period nutrition personnel more than tripled their efforts developing more educational literature to meet consumer demands. One of the early efforts in 1936 was the development of a series of four leaflets in 12 languages designed to help mothers know more about how to use nourishing foods for feeding their families economically. The Nutrition Bureau always meshed into the Health Department's philosophy of addressing health care in the context of identified cultural lifestyles of the population it served. Evidence to this principle is seen by the continued development of educational literature in Spanish, Chinese, French for Haitians, as well as English.

In addition, other teaching tools such as posters, exhibits, flip charts and slides are developed to expand the outreach to consumers. Consumer interest has created a market for a wider range of nutrition topics. The most popular topics are food budgeting and shopping, infant feeding, diets for weight control, and the Prudent Diet - a guide for a favorable balance of essential nutrients while reducing an excess of empty calories, saturated fat and food cholesterol.

Another philosophy of the Health Department which is characterized by all public health care is the quality of care. To insure quality assurance for consumers, the Nutrition Bureau is committed to staff training in an effort to keep all team members updated in nutrition. Resources for staff include cultural adaptations of the Prudent Diet into cultural food characteristics of the population groups served. A nutrition guide for teachers was developed to shore up the teaching of nutrition in our schools from the preschool level through high school.

In order to provide this range of nutrition education activities, well trained nutrition personnel is essential. The growing demands from consumers proved the case for financial support to recruit and increase nutrition personnel to and above the pre-crisis level. A spiraling rise in expressed unmet nutrition needs of consumers is cause for alarn in an environment where there is access to and availability of a range of technology and information. Only one area of nutrition services has been presented to demonstrate one of the ways to reach consumers at the grass roots stage in the community. It is imperative that there be the investment of funds to local agencies which have demonstrated a degree of excellence in the delivery of a broad range of nutrition education for consumers.

In New York City, still the capital of every major radio, TV station and press corps, there exists the capability and competency of reducing that

80% of consumers whose needs are not currently being met. Indeed if this Committee is concerned with the reaching out to consumers to impact on their knowledge of nutrition and to improve their nutritional status, then the route is preventive health care through public health agencies that have demonstrated acumen. I submit that this Committee must commit priority to providing money and other resources to strengthen identified nutrition service models described like the one in the New York City Department of Health.

Mr. Richmond. Ms. Goode, we thank you.

Ms. Goodwin?

THE CONSUMER'S WANTS AND NEEDS IN NUTRITON EDUCATION

BY

Mary T. Goodwin
Senior Nutritionist
Montgomery County Health Department

Chairperson Consumer Liaison Panel to
National Academy of Science

611 Rockville Pike
Rockville, Maryland 20852

September 28, 1977

Statement for the Subcommittee On Domestic Marketing, Consumer Relations, and Nutrition of Committee on Agriculture.

THE CONSUMER'S WANTS AND NEEDS IN NUTRITION EDUCATION

Mr. Chairperson, thank you for inviting me to present my views to your Committee. I would like to commend the Committee for creative effort in the areas of consumer and nutrition issues. The witnesses of the past two days are an impressive representation of the diversity in the consumer related nutrition community. Today I am speaking as a community nutritionist, a consumer advocate, Chairperson of the Consumer Liaison Panel to the National Academy of Sciences Food and Nutrition Board, and an author of books and numerous pamphlets. The publications on food and nutrition are for the health consumer, elementary and secondary school teachers, and community service workers. Primarily due to my publications, I have accepted invitations to lecture or conduct workshops in more than 15 states for consumer groups, health professionals or teachers. As a community nutritionist I have worked with almost every segment of the community.

The limitations of the federal efforts in nutrition education have been discussed. I would like to add or reenforce a few points. First there are a few excellent publications primarily for professional use published by HEW; Bureau of Community Services, Head Start Office; National Institute of Dental Health. However the inadequacies seem to far outweigh the strengths. Inconsistent messages from various agencies confuse the consumer. HEW is beginning to focus more on preventive health, while U.S.D.A. needs to heighten its awareness in this area. Consumers in my area are complaining about F.D.A. distributing information developed by the Manufacturing Chemist Association presented a biased view on food additives. The consumers also feel F.D.A. is insulting their intelligence by telling them "all food additives are safe, and we need them." The many cereals in the W.I.C. food package are poor educational messages. Some have more than 50 percent sugar, are highly refined, and have artificial colorings and flavorings. Almost all hot whole grain cereals are excluded. Conscientious child care staff are appalled by the donuts and salt sticks in the U.S.D.A's. approved snack list. A major concern by enlightened consumer groups is the present system for nutrition labeling.

These are only a few items that should be investigated. I would like to use my time to present the views of what needs to be done by my consumer constitutency. Nutrition labeling as it is presently used is a major concern. In the past, 10 leader nutrients from a variety of whole foods were used to indicate' a well balanced diet. The additional forty odd nutrients would accompany the leaders. Today the Basic 4 Food Groups are being challenged by the 5 F's (the formulated, fabricated, frivilous, fortified fake foods). The 5 F's leader nutrients usually don't have many if any nutrient followers. For example orange juice versus a 5 F breakfast drink the leader nutrient is vitamin C - and orange juice also has vitamin B6, folic acid, potassium and some trace minerals. The breakfast drink has sugar, artificial coloring, and flavorings, emulsifiers, and other additives as followers. The breakfast drink will be comparable or higher in vitamin C than orange juice. Since the only nutrient list for orange juice on the label will be vitamin C, the consumer is confused, and unaware of the missing nutrients in the breakfast drink. Undue emphasis on a chemical via nutrient approach to food may create some serious problems. Adding a vitamin pill to nutritionally worthless foods allows the manufacturer to make nutritional claims. This could lead to over fortifications of food with its accompanying problems of excess leading to toxicity, and imbalances. A graphic colorful form of nutrition labeling is being used in Holland. There is evidence it may be considered for here. If it is, the problems will be compounded unless only food with naturally occurring nutrients are labeled, or there is some way of distinguishing between whole foods with integrity containing naturally occurring nutrients, versus those formulated in factories with a few added nutrients. It is important to note humans need about fifty nutrients, some are synthised in the body, more than forty are essential to life, and health. For some the amounts needed by humans has not been determined. Historically man has thrived on a natural food diet. There is no evidence supporting the same claim for a largely synthetic diet.

Federal agencies should be assertive leaders in setting nutrition policies and practices. Instead, they are about a decade behind. Nutrition education materials developed by the federal government should be a model and a guide for local areas. This guide should contain accurate, consistent, useful and complete information. Local areas should adapt them to meet their cultural, social, economic and specific health needs. By the time the federal agencies get around to responding to a need, local areas have been forced to develope their own. Time and effort would be well spent in anticipating need. For example, to my knowledge, to date U.S.D.A. has not developed nutrition education materials for W.I.C. yet the program has been in existance for more than five years. Breast feeding information was not available from government sources and is still pending. The formula manufacturers were immensely visible and available promoting their products.

The best time to prepare for a healthy baby is before pregnancy. Family planning clinics are a logical place for good nutrition information and counseling. If any effort to assist local projects with this exists, it has escaped us.

Good information exists for the professional regarding diet during pregnancy, local levels must develop their own, or borrow from another county for patient use. We have distributed tens of thousands of our publications to local groups throughout the country. Breast feeding has been virtually ignored by federal agencies. It is time they have begun to take vigorous steps to promote it, not only by providing motivation and guidance for pregnant women but setting an example at federal installations by flexible and feasible child care arrangements for lactating women.

The confusion on when to introduce solid foods to infants could be significantly reduced by reasonable clear cut federal guidelines. In the interest of quality, ecology and self sufficiency, mothers should be given some guidelines and support for making their own baby food. The most eager and open group for nutrition education is young parents starting their family. They want to do the best for their children, what agency is helping or supporting them. TV advertisements urging their children to eat foods which may potentially undermine health and social well being should cease. Many feel the child care programs are not working in their best interests. In part the federal guidelines are good but are not monitored or enforced at local levels. When children reach school age, the school food service programs leave a great deal to be desired. Participatory education is by far the most powerful. Consider the nutrition message conveyed by these feeding programs. Some children have an adverse reaction to artifical coloring and flavorings - what provision is made for them? The answer could be simple and beneficial to all - provide a natural food diet for all the children. Little direction is given for nutrition education leaving the door open to trade associations and food manufacturers to promote their products under the guise of education materials.

The adolescent has the greatest nutritional needs and probably the worst eating pattern. The schools food service and the local fast food places are hardly providing the models needed. Who is providing nutrition guidance for this nutritional vulnerable group?

Adults are looking for information on how to prevent and or cope with diet related illness. Prevention begins early perhaps during pregnancy, or at birth. Nevertheles many adults are becoming aware that the major causes of death and disability during the productive years are diet related. Some know that excessive sugar, fat and salt are the culprits. Certain substances in our food and water such as some food additives, toxins, pesticides may be a factor in contributing to cancer. Other consumers need this information on how to take more responsibility for personal health. Consumers want honest, straight forward information on selecting food, good buys and rip offs. "The all food is good food" adage, so long upheld by government agencies, should be dropped in favor of straight forward information to enable the consumer to make informed choices in the supermarket. Foods are not labeled with the percentages of ingredients, some standardized foods are without ingredient declaration. Some ingredients are listed by class, rather than name (artifical coloring instead of yellow No. 5) The type of fat is not listed, nor the amount of salt. Another "dirty trick" played on the consumer is changing the ingredients in a familiar products such as peanut butter. One local supermarket chain was promoting 100% whole wheat bread without "artificial preservatives" and as soon as the campaign was over two artificial additives were put in the bread.

In addition many do not know how to reduce their risk for diet related illness, those who do become very frustrated in the market place. Of equal importance are those who are trying to cope with diet related illnesses, heart disease, stroke, diseases of the arteries, diabetes, cancer, cirrhosis of the liver. A few physicians may have the hyperlipoproteinemia diets. Judging from the number of requests we receive for help few consumers receive much guidance or support from any source. The diet manuals currently available may be more likely to support disease then health. A few typical examples are substantial amounts of sugar, fat, and refined foods, jello, instant puddings, hard candy, soft drinks, fruit in heavy syrup; 2 teaspoons butter for one slice of white bread. A diet manual with nutritious foods is sorely needed. Little information of nutrition and eating is available for the physically and mentally handicapped. Obesity is a major public health problem among adults. What assistance is available to those who wish to prevent obesity or control their weight?

Many adults want information on prolonging their productive years, and ideas on preparing for their retirement. Food is essential to survival so availability and accessibility of high quality food is a major concern of senior citizens. The changing nature of our food supply may impact very heavily on their health. Highly processed foods are convenient but frequently high in (sodium) salt and generally not as nutritious. The institutional food served in Title VII Feeding Programs presents a problem to senior citizens on special diets and seemingly endorses a poor nutrition message.

The poor are singled out for special treatment by U.S.D.A. No funds are available for nutrition education within the food stamp program. Recipients are expected to know what is in the Thrifty-Food Plan. A better name is Shifty Food Plan. Its predecessor the economy food plan provided a few more cents per week and was intended for limited use in emergencies. But the Thrifty (Shifty) Food Plan with a little money is supposed to provide an adequate diet indefinitely. In some programs like E.F.N.P. the poor are targeted for nutrition education. Why single out the poor, most consumers need nutrition education. Targeting the poor appears to be condescending and patronizing. We all should be buying foods to nourish our bodies, prevent diet related illnesses, conserve our resources, and avoid waste. We would have a healthier society if we eliminate the double standard - one for the rich and one for the poor. These are a few of the nutrition education projects that I feel should be done for the benefit of the consumer. There may be a few examples of some or most of my suggestions in the entire federal system. If they do exist, how many people are they reaching, how effectively and efficiently? My constituents are not aware of them.

Feed back from consumers, professionals and media persons indicates that nutrition education should be part of life, encompassing almost all areas of living from agriculture to zoology. It should be based on premises that developes and reenforces a good self image through making ones own efforts count. Whether it is growing food or creating a beautiful meal, not just assembling a meal from convenience food, to gulp and run, but using ingenuity like a true artist to create a magnificent feast that the creator knows names and savors at the welcome table. Teaching children and adults to be expert shoppers to take pride in being self-reliant, to make wise food investments, to affirm their roots, through their ethnic foods, to appreciate their family food history, to delight in celebrations of meaningful persons and events with genuine ceremony and customs; to relish the subtle sights, sounds, smell, feel, and taste appeal of real food, to care about the needs of others today and in the future through simpler life styles to live with the rhythms of nature;to conserve resources;and to cooperate with others and create glorious food experiences rather than consume, compete and conform; to reach, stretch andgrow; all this may seem like an impossible dream. Lets reach for the stars and make it come true.

Mr. RICHMOND. Thank you very much.

Dr. Calloway, as one of the most eminent nutritional scientists, do we think we know enough about diet and health to start educating the consumer about salt, sugar, fat, cholesterol and fiber?

Dr. CALLOWAY. I think we do.

Mr. RICHMOND. Do you think scientists are ready to take stands on these issues?

Dr. CALLOWAY. They might not all take the same stand. It depends on how they view the seriousness of some kinds of risks.

Mr. RICHMOND. Is it universally accepted that salt, additives, and sugars are harmful?

Dr. CALLOWAY. It would be reasonably well accepted that obesity is very bad for you and that it leads to an association with a number of other diseases which I am sure people have spoken to here.

There is an association that is demonstrated for salt in hypertension.

I think that what you would get is a joint opinion that it would be desirable to change the diet in a direction that speaks to these issues.

You will have some argument over exact levels to be reached and how serious this is to the population at large versus individually diagnosed patients. Doctors always want to treat one person at a time. We cannot do that. We cannot afford to do it as nutritionists by and large, but they are in sympathy with the goals that have been initiated but, as I say, not entirely with all levels.

Mr. RICHMOND. How do you think we can do a better job of coordinating all of these massive nutritional programs at the local and Federal level?

Dr. CALLOWAY. We have a particular problem when we deal with the local. Let's take Federal just for the moment. There needs to be some coordinating body, probably an office with, I would hope, practically no staff but verbal people and active, interested, and well-informed nutrition people.

Mr. RICHMOND. In other words some type of Presidential commission on nutrition?

Dr. CALLOWAY. A small one on nutrition which as a part of the Executive with technical advisory groups from which it can draw upon to get an opinion when they wanted or needed it. It should not necessarily be established as a continuing body.

Mr. RICHMOND. Ms. Goode. How many people do we have in teaching of nutrition in New York City?

Ms. GOODE. In terms of teaching nutrition, if you are talking about in the schools, there is no one in the health department doing this.

Mr. RICHMOND. You have a bureau of nutrition in the department of health and how many people there teach nutrition?

Ms. GOODE. About 10 people for the whole city, including the part-time ones.

Mr. RICHMOND. Does that involve the W.I.C. program?

Ms. GOODE. That includes the whole program.

Mr. RICHMOND. W.I.C. too?

Ms. GOODE. Yes.

Mr. RICHMOND. Well the average W.I.C. program has a nutritionist right at each W.I.C. station.

Ms. GOODE. Yes. We have four in the W.I.C. program. That is coordinated under the bureau of nutrition.

Mr. RICHMOND. So your staff is woefully small to do any type of nutrition education. Is that correct?

Ms. GOODE. Yes. As you remember, in 1975 we received a cut. Since that point we have had only some part-time people.

We developed a nutrition leaflet that we are going to use in the schools this year. The teachers will be using it in order to stimulate an interest in nutrition at all levels. Hopefully, this will help others, and we have done some other things with our counterparts to help with the nutrition component.

Mr. RICHMOND. Ms. Goodwin, your testimony was most interesting from a consumer's point of view. You touched on many subjects which were critically dealt with in our report.

Ladies, we want to thank you.

Our next witness is Mr. Arthur E. Rowse, president of Consumer News, Inc., Washington, D.C.

Testimony Presented

to

The Subcommittee on Domestic Marketing, Consumer Relations and Nutrition

of the Committee on Agriculture,

U.S. House of Representatives

September 28, 1977

By Arthur E. Rowse

President, Consumer News Inc.

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THE ROLE OF THE MAJOR MEDIA IN DISSEMINATING NEWS ABOUT NUTRITION

I am Arthur E. Rowse, president of Consumer News Inc., an independent publishing firm in Washington, D.C., not affiliated with any other organization and drawing its entire revenue from the sale of syndicated newspaper columns and various publications aiming to provide useful information to the general public.

I am here today to testify about the way the major news media have been handling news about nutrition and how this performance may affect the degree of nutrition knowledge and nutrition-related diseases in the United States. I believe that the news media can play a decisive role in determining the success of any effort to communicate with the public about nutrition. I am particularly concerned about the role the news media have had in creating the large amount of confusion and ignorance in the public mind about vital nutrition matters.

Everyone recognizes the need to consume what the human body requires for good health. But a surprising proportion of people do not know precisely what they must do to assure their own health.

In fact, there is strong evidence that the public's knowledge of nutrition is getting worse despite increasing efforts to improve it. Surveys by the Food and Drug Administration show that the proportion of people rating their own nutrition knowledge as high dropped from 71 per cent in 1973 to 64 per cent two years later. Questions on specific points indicated that public knowledge was far less than these self-estimates. Indeed, data obtained by the U.S. Department of Agriculture indicate that only about half of the U.S. population gets 100 per cent of the U.S. Recommended Daily Allowances (RDAs) of vitamins and other essential nutrients.

An even more serious consequence is the steadily increasing toll taken by major diseases most closely associated with the diet such as heart attacks, strokes, cancer, diabetes, cirrohsis and hardening of the arteries. These are six of the ten leading causes of death in the United States. They do not include other ailments such as obesity, which often leads to more serious problems, and tooth decay, which can be both expensive and painful. It is estimated that no less than 30 million Americans are overweight, with about half of them so fat that they will die prematurely because of it.

Why? Why are Americans killing themselves at a growing rate with poor diets at a time when nutrition information and educational levels have been increasing.

Many factors have been blamed. They include the increasing proliferation and complexity of food products, the trend toward more and more packaging, the growing use of chemicals to make food prettier and travel farther, the constant push by manufacturers for more profitable products regardless of nutritional value, the power of huge corporations to bend public preferences with advertising, the subtle programs to hook children onto "junk food" patterns, the failure of educators and parents to teach good nutrition effectively and the weakness of government programs of research and education on nutrition matters. All of these factors are probably involved to some extent.

But one other factor may have a greater effect than all of these combined. Yet it is rarely mentioned. I am speaking of the news business, especially television, now the chief source of news for the American public. I do not make this conjecture lightly or without facts. I speak as the author or co-author of numerous books, studies and magazine articles on news performance over a 20-year period.

As a reporter and editor of the news for three decades, I believe that malnutrition is one of the biggest news stories of the day -- and one of the most neglected. It may not be as dramatic as a big plane crash or a tropical storm, but it is taking a far larger toll each day in its quiet way. And, I dare say, it is of far greater interest than many of the stories judged to be of more interest to the public by the nation's key news editors.

Food news takes on added significance for commercial television news directors because of the steady flood of food advertisements capable of distorting public knowledge of nutritional values and increasing the toll of death and injury from nutritional deficiencies. A case might even be made that food ads come under the Fairness Doctrine of the Federal Communications Commission which requires that contrasting viewpoints be presented on controversial public issues. There is no doubt that much misinformation is presented through advertisements, although more and more food companies now push their more nutritional products in response to public demands. Because of these factors, television has an extra obligation to provide news about nutrition fully and fairly. Its use of public airways add further to its responsibilities.

Yet television and the other major media have often treated food news as if it is only of peripheral interest to the public. For many years, food sections of newspapers have been used for little more than repositories of promotional publicity and fluffy features in the relatively tiny spaces not filled by advertisements. Many editors still tend to relegate legitimate news about food to a weekly food section rather than put it on general news pages. Network evening news programs rarely tackle food topics. And even though there are many food issues that could best be handled in a 30- or 60-minute documentary, such treatment is rarely attempted.

One of the biggest news developments in the field of nutrition and health was publication of the report, "Dietary Goals for the United States," by the Senate Select Committee on Nutrition and Human Needs, which is headed by George S. McGovern. The Committee's 69-page report marked the first time an official government body lashed out so critically at the typical American diet and the first time any government body offered such specific guidance to the millions of people who may be unknowingly shortening their lives with poor dietary habits. It suggested that Americans cut down substantially on their intake of fat, cholesterol, sugar, salt and alcohol. It was especially critical of the influence of food advertising on TV and summarized a study indicating that 70 to 85 per cent of food ads on TV were for products high in fat, cholesterol, salt and sugar.

In view of the large industries that could be affected adversely by such recommendations, the report was bound to stir up strong reactions and cause extensive controversy. The event had all the earmarks of a powerful, continuing news story of wide public interest. And, indeed, it has become just that.

Adding to the story's significance was the shortage of news sources offering information offsetting the impressions left by food advertisements, which form the second largest category of ads (drugs are first) on TV evening news programs. In recent years, there have been few forums outside Congress and the regulatory agencies generating news about nutrition.

Yet the historic Senate document received very spotty coverage. Although the wire services duly reported the news conference where some nationally known nutritionists endorsed the report, and newspapers gave it generous coverage, the news was ignored completely by two of the three commercial TV network news programs that evening. NBC was the only one to mention it, using up a total of 20 seconds near the end of the program. The brief item did not include any reference to the report's criticism of televised food ads. While ABC chose to ignore the news, it ran a propagandistic commercial for the American Egg Board disputing the view of the Senate Committee and many leading scientists that consumption of eggs should be severely restricted because of their high cholesterol content.

Months later, as criticism of the report began to arise from affected industries as well as the American Medical Association, the Senate report attracted more attention in the press. But it is doubtful that many Americans even today are aware of it or what it said.

The paucity of coverage given to the McGovern study is typical of network television treatment of many consumer matters, including government efforts to investigate and publicize nutrition and health issues in recent years. Altogether, the McGovern committee held six days of hearings between July, 1976, and March, 1977. They included diet and cancer matters on July 27 and 28, 1976 (drawing one minute, 40 seconds of coverage on NBC and 2:10 minutes on CBS); testimony about diet and obesity, February 1 and 2, 1977 (2:20 on ABC and 1:50 on NBC); the impact of meat on health, March 24, 1977; and the role of food fiber on health, March 31, 1977. No network program reported any news from the last two hearings, although CBS ran 3:20 minutes from a conference on food fiber at the government's National Institute of Health March 28, 29 and 30. Neither of the other networks covered this affair or the Senate hearing on fiber. Thus, the three networks ran a total of eight minutes and 20 seconds of reports on the six days of hearings and the press conference announcing the Dietary Goals report on January 14, 1977, according to data compiled by the Vanderbilt Television News Archive.

Other Congressional events of news significance on the nutrition front included a report released in March, 1976, by Rep. Fred Richmond criticizing nutrition education efforts by the federal government and a study released in August, 1976, by Rep. Benjamin Rosenthal identifying prominent nutrition experts in the pay of large manufacturers. No mention of these events was made on evening network news shows.

Regulatory agencies also did not score much on network news shows. Despite frequent charges of false claims in food ads, television rarely sees fit to air them. Coverage is also rare for actions of the Food and Drug Administration, including recalls and seizures of contaminated food, and periodic reports from the Department of Agriculture on the degree of harmful residues in meat and poultry products.

Among major nutritional events this year and last, besides Congressional hearings and reports, were 32 days of public hearings by the FTC on health claims in food advertising; four days of hearings by the same agency on protein supplement ads; two annual editions of "Food Day," a nationwide promotion of citizen groups to alert the public to nutritional issues; a General Accounting Office report saying nitrofurans, known in many foods, are not being regulated by any government agency; and a proposed ban by the FDA on diethlstilbestrol (DES), another carcinogen, in food.

A check of TV news logs showed that none of these developments received any attention from the three network evening news programs.

Other potential news items concerning nutrition in the past two years have included food industry programs enlisting school teachers and their pupils in collecting cereal boxtops to be exchanged for school equipment; a vote of the New York State Assembly calling television food ads hazardous to children; a petition of ACT (Action for Children's Television) asking the FTC to ban sugary TV ads directed at youngsters; and ACT's annual "Bent Antenna" awards to companies with ads deemed the worst influences on young TV viewers.

A review of TV news logs showed that none of these events made the evening network news shows.

Also largely ignored by network television have been the monthly reports of the National Advertising Division of the Council of Better Business Bureaus. This is a voluntary program of the advertising industry to expose and curb untrue and misleading claims for all kinds of products and services. Success of the program depends in large measure on the publicity it gets. The threat of adverse publicity can be a powerful preventive as well as cure for untrue advertising claims. NAD investigates challenged claims and reports on its findings in releases distributed widely. In many cases, claims are dropped; in others, claims are found documented. Many of the cases involve televised ads and would presumably be of interest to viewers. Yet no more than one per cent of the more than 1,000 cases handled since 1971 have been mentioned on network television evening news programs.

One of the most controversial issues in recent years has been the question of whether school lunches provide adequate nutrition. A coalition of consumer organizations representing millions of American parents, teachers and children, formally petitioned the U.S. Department of Agriculture last April to improve the program. The effort got no national TV attention. When the USDA eventually agreed to make sweeping changes in the composition and administration of school lunches last September, at a well publicized news conference, the event was ignored by two of the three commercial network evening news programs, according to Radio-TV Reports, a monitoring service. ABC devoted one minute to the news.

Over the years, the biggest continuing controversies involving nutrition seem to be among the least covered on television. They include the role of saturated fats and cholesterol in heart disease and circulatory problems; the role of sugar in a growing number of diseases, including diabetes, tooth decay, obesity, high blood pressure and cancer; the role of salt in hypertension and high blood pressure; and the effect of too little fiber in the diet.

It would be unfair and inaccurate to say that the TV networks have never covered these matters. Occasionally, the networks have touched on them in their evening news programs. Examples include ABC's two-day look (three minutes each) at the amount of "junk food" in schools in June 1976; CBS's four-minute glimpse of government feeding programs for women, infants and children in March, 1976; and NBC's two-minute study of the "junk food" ban in California schools last April.

To get a picture of how the networks have covered nutrition news over an extensive period on their evening news programs, logs of these programs were examined from January 1, 1976, to May 31, 1977. According to the information in the logs, as published by the Vanderbilt Television News Archive, news about nutrition in its broadest sense consumed 97½ minutes on all networks combined during this period. The total represents an average of about 15 seconds per half-hour program. But 70 of the 97½ minutes concerned only two topics, food dyes and saccharin. If these topics are removed from the totals, the average would drop to four seconds per program for news about all other phases of nutrition. (See table.)

In contrast, commercials for food products alone on these programs totaled 939½ minutes, more than ten times the time given to all nutrition news. (See table.)

Network radio tends to stick closely to the old news formulas emphasizing tragedy, violence, scandal and personalities. Nutrition is rarely mentioned even when news events concern it. However, National Public Radio, unfettered by food or beverage ads, has given extensive coverage to nutrition news. Without a daily news program, non-commercial television offers no alternative for TV fans.

Magazine coverage of nutrition issues has been nearly as skimpy as television's. Two notable exceptions have been Time and Newsweek. The large-circulation household magazines rarely dare to offend their numerous food advertisers by fully reporting the unpleasant facts about many of the advertised foods and beverages.

The one bright spot is newspaper coverage. Leading newspapers have devoted many columns to nutrition news and features, and the wire services appear to have done an adequate job of supplying the smaller papers. Even the Wall Street Journal occasionally has gotten into the act. It ran no less than six long articles on food and nutrition issues last June.

Why don't the major news media do better on news of such deep personal interest and significance to human health?

I would suggest two main reasons. One is the failure of the news business to keep pace with changing public interests and needs. The record is full of cases -- not all related to food -- where the nation's news hawks recognized a new development too late to alert the public adequately to a major problem. There is strong evidence that a large proportion of people want solid, factual coverage of major consumer issues as well as news of tragedy, scandal and personalities.

The other main reason is fear of advertisers. Despite a steady stream of denials, television and magazine editors are especially sensitive to the interests of advertisers. Although advertisers have rarely retaliated against a purveyor of unfavorable news, they have done so just enough to distort the editorial judgment of many editors and news directors across all the commercial media. What other reason could account for such extensive coverage of issues not affected by advertisers and so little coverage of newsworthy issues, such as nutrition, so intimately associated with advertisers?

The evidence presented here is admittedly circumstantial. But it shows a clear, persistent pattern which has become apparent for many other consumer subjects as well as nutrition. It all adds up to extensive poor reporting of nutrition issues, particularly by television. There can be no doubt that the large gaps in news coverage have contributed greatly to the widespread malnutrition and confusion about it in this country today.

The record shows room for much improvement in coverage of these vital matters by the nation's news handlers. It also shows the need for increased efforts by other segments of society, including schools and government agencies, to fill the gaps in public knowledge via all available communication channels.

Thank you.

TV NETWORK NEWS TIME FOR NUTRITION NEWS AND FOOD ADS
(January, 1976, through May, 1977, in minutes)

1976	FOOD ADS	ABC	NBC	CBS	TOTAL
January	48:30	2:50	3:00	5:00	10:50
February	65:30	1:30	1:00	0:40	3:10
March	54:00	0	2:10	8:50	11:00
April	64:30	0	0	0	0
May	64:00	0	:40	:40	1:20
June	82:00	6:30		:40	7:10
July	59:30	0	1:40	2:10	3:50
August	62:00	0	0	0	0
September	62:30	1:40	:40	:30	2:50
October	56:30	0	:20	:20	:40
November	51:30	0	0	0	0
December	42:00	0	0	0	0
1977					
January	55:30	0	1:10	:20	1.30
February	66:30	2:20	1:50	0	4:10
March	53:00	14:00	6:10	11:40	31:50
April	69:30	2:10	6:30	4:20	13:00
May	73:30	2:00	1:40	2:30	6:10
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TOTALS	985.30	33:00	26:50	37:40	97:30
Totals minus 2 topics (red food dye and saccharin)					27:30

Source: Television News Index and Abstracts of network evening news for months indicated. Vanderbilt Television News Archive, Nashville, Tenn., 37203.

Mr. Richmond. Thank you, Mr. Rowse.

You certainly articulated the problem. How do you feel we can rectify it? We all understand the networks are privately owned institutions but they do have to give a certain amount of public service time, even though it is a very small amount.

How do you propose to interest the networks in nutrition education?

Mr. Rowse. I think that a lot can be done although it is a tough problem.

I think some people have already suggested advertising programs, more public service announcements and things like that, but I think more should be done to make the nutrition story interesting enough to get onto television news.

Mr. Richmond. How would you do it?

Mr. Rowse. For one thing these people have to be spoonfed. Like a lot of reporters, they have to be called and they have to be visited. The exhibits have to be marked up.

I can see where you have made an effort to do that very thing right here in this hearing room. It is discouraging that even these things do not work sometimes.

But all sorts of pressure could be applied also to people in the television area. I think this is really the worst violator.

Mr. Richmond. Television is the main medium for widespread communication, of course. I think our problem is to get the public sufficiently interested in nutrition issues so that through public surveys and public demand the networks will realize the public wants to see programs on nutrition. That is one of the problems that this committee is addressing.

Mr. Rowse. You need television to help you get it aroused also. So it is a circle.

Mr. Richmond. With the help of you and many of the other witnesses that we have heard these past few days, I hope that we will eventually get to a point, after we hear from agribusiness and the supermarket chains, and after we hear from the agencies like the FDA and USDA and whatnot, of getting some cohesive nutrition education program so that we can then bring to the national broadcasting networks.

We thank you very much for your testimony.

You will have to excuse me again. I have to go to the floor to vote again.

[Recess taken.]

Mr. Richmond. The subcommittee will come back to order.

Our next panel consists of Ms. Chris Gordon, Mr. Gerald Connolly, and Sister Carol Schommer. We also have Ms. Alice Scott.

You may proceed as you see fit.

[The prepared statements of Ms. Gordon and Mr. Connolly follow:]

STATEMENT OF MS. CHRIS GORDON, SOUTHERN WEST VIRGINIA REGIONAL HEALTH COUNCIL

Mr. Chairman and Members of the Subcommittee, I am very pleased to have the opportunity to express my concerns about the nutritional status of the population. Most of my experience has been with very low income people and the problem among this group is critical. Many need additional resources in order for the family to be adequately fed, but nearly all desperately need guidance in terms of nutrition education.

There are several ways federal nutrition efforts could be improved to result in better utilization of nutrition education and ultimately in better health for Americans. Nutrition education as a preventive aspect of health has received much discussion, but the results of such education in terms of a monetary amount are very difficult to immediately measure; therefore acute interest and definitive action in this area have been lacking in the past.

The term "Nutrition Education" means different things to different people. To the diabetic, it may mean how to control his disease--to the young mother it may mean what to feed her baby. The latter meaning is the one which needs to be stressed more at this point in time.

The need for nutrition education is obvious--from the belts which repeatly must be loosened another notch, to the undernourished children in our country. "Is there a need for nutrition education?" is not the question. The real question is: "How can we accomplish such education?"

Experience in working with rural Appalachian people of West Virginia has indicated to me that the great majority of mothers really want to do what is right for their children in terms of feeding them. Many just do not know what foods the children need. Many have resources to provide food for their children through the Food Stamp Program, the Special Supplemental Food Program for Women, Infants and Children and other food assistance programs, but without the knowledge of nutrition needs of the family, much of these precious resources are wasted on empty calorie foods.

I would like to relate an instance observed a couple of years ago in a grocery store, and I'm sure everyone has seen similar examples. While waiting in a long check-out line, I overheard a lady telling her husband she wanted to pick up a few things for the kids. She returned a few minutes later with a box of candy, a frozen whipped cream pie, a prepared pound cake and some soft drinks. She then paid for the items with food stamps. The cost of this package today would be approximately $7.75. For that amount of money, several nutritious foods could have been purchased. This type of activity is an injustice to the taxpayer and to the parents, but especially to the children who received many calories, but little else from that purchase.

There is a difference between feeding people and nourishing them. It is my contention that if we are going to provide funds for the former--then it is our responsibility to provide the knowledge necessary for the latter. Nutrition Education to the recipient should be a legislated and funded aspect of every food assistance program as it is with the Special Supplemental Food Program for Women, Infants and Children.

One approach our agency has taken to nutrition education is to go into low income communities with a series of lessons on basic nutrition. The sessions were well advertised in the local community. Incentive for the initial sessions was provided through "door prizes" donated by local merchants, which was usually some type of kitchen utensil. Each session was designed to be interesting, innovative and practical. The results were that attendance remained at a high level throughout the series of lessons and the women expressed acceptance of the material presented. In almost every community the women requested additional sessions at the conclusion of the planned series.

Nutrition Education can be successful. Specific aspects of nutrition education have defined results such as weight reduction diets, low cholesterol diets, etc., but the results of basic nutrition education are very difficult to define. This is perhaps another reason nutrition education programs have not been more popular in the past.

Mass media can be successfully used to promote nutrition practices. Anyone who doubts this need only take a look at Saturday morning television and then go to the local grocery store and observe the brands of cereal being purchased. Overwhelmingly, the best sellers are the cereals which are advertised so attractively on television--the ones with an extremely high sugar content. If desirable nutrition practices were to be so interestingly presented, the acceptance could be expected to be at a high level.

Any type of mass media nutrition education will have to be based on two considerations in addition to the way in which the material is presented. These are that the information be consistent with the needs and desires of the target population, and that it be presented at times when the target population is partaking of that particular media. Information should be transmitted in short, but important messages. However each message must be a part of an overall objective and be carefully planned. Commercial food producers need to become more concerned about the nutritional status of our country. This needs to be evident both in the types of foods offered for consumption and in the manner of advertising the products.

There is a definite lack of nutrition education as a part of the training of professional people who are in a position to promote sound nutrition education practices. This is true from school teachers to physicians. If these people had more background in nutrition, they would be in a better position to stress nutrition to those looking to them for guidance.

In summary, I feel that nutrition education is a vital area to receive action, not just discussion. I feel that it can be successful if approached correctly. To delay a large scale campaign against the poor nutrition habits of the population will not serve any useful purpose, but will only add to the cost of correcting resulting medical problems or providing long term health care to those whose problems can never be corrected.

Mr. Richmond. Thank you, Ms. Gordon.

Mr. Connolly?

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STATEMENT OF

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Before the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition of the Committee on Agriculture

United States House of Representatives
Wednesday, September 28, 1977

Hearings on the Role of the Federal Government in Nutrition Education

Mr. Chairman and Distinguished members of this Committee:

I am Gerald Connolly, the Executive Director of the American Freedom from Hunger Foundation. Founded at the suggestion of President John F. Kennedy 16 years ago, the Freedom from Hunger Foundation has long concerned itself with a broad range of food policy issues --not least among them, the subject of nutrition education. We are a private, non-profit, non-governmental organization that seeks to educate the American public on matters relating to world hunger and U.S. food policies. I am here today, however, to represent my own private views and not necessarily those of my organization.

I want to take this opportunity to thank this Committee, and you Mr. Chairman, on the timely holding of these hearings on a subject of immense importance to the health and wellbeing of every American citizen. As has been said over and over again at almost every forum on this subject --we Americans border on being nutritional illiterates. We have only begun, as a society, to concern ourselves with the potential hazards to be found in the eating habits we adopt. And unfortunately the federal government's role in this regard has, to date, been negligible.

The heart of the problem, as I see it, is a conceptual one. The Congress, and the federal agencies responsible for nutrition education, need to answer two questions prior to the adoption of new legislation and the increase of what are admitted to be woefully inadequate expenditures in nutrition education: namely, what role should the federal government play in monitoring, regulating, and advocating the nutrition education of the American people? and secondly, what do we mean by nutfition education?

It seems to me that prior to new legislation we need a full reevaluation of the concepts we bring to this subject. All too often we leave the responsibility of nutrition education to the so-called experts --the scientific community and the medical community. Unfortunately these communities are often the least equipped to respond to the message or the medium. Too often nutrition education boils down to a question of educating people on the basic food groups and the values of minerals and vitamins. Other very important questions get sidetracked, and the most obvious media for education --television, mass advertising, radio and the like-- are overlooked almost entirely in the process. Quite frankly the scientific and medical communities have not been noted for their leadership in this field. Consequently the average American has great difficulty in seeking knowledge or advice about his or her nutrition because neither the federal government nor the majority of the scientific establishment are competent or equipped to guide the consumer to a nutritionally healthy way of life.

The goal of these hearings, it seems to me, is first to move the federal government to the forefront of nutritional education advocacy. Citizens ought to be able to turn to their government with the confidence of knowing that the federal government is not the last place where determination is made about what is and what is not good nutrition. A great deal can be done by the federal government if a broader appreciation of what constitutes good nutrition and what media we can use to disseminate that concept were employed. I would like to focus on two such federal programs --that of the U.S. Department of Agriculture and that of the Health, Education and Welfare Department.

USDA - EFNEP Efforts

The largest single federal effort in nutrition education is aimed at primarily low-income households through the Expanded Food and Nutrition Education Program under the Extension Service of the USDA. In fact the recently released Congressional Research Service study cites the fact that about seven of every eight federal dollars spent on nutrition education are spent through the EFNEP program. It is a sad commentary about the nature of our thinking that the overwhelming bulk of funds are earmarked for low income groups --as if to say that the rest of the society does not have a need for nutrition education. But in evaluating the effectiveness of EFNEP the first, inescapable fact to be noted is the incredibly small amount of funds it has been given. This year's budget is $50.6 million --with which EFNEP is to service an estimated clientele of 5.6 million targeted low income families across the country. Is it any wonder then that only 400,000 of these families are actually reached by the EFNEP effort?

The other question that arises is one of technique. EFNEP's methodology has been characterized by one-on-one meetings between the home economist, or extension agent, and the family itself. This approach, while admirable and to be commended, in and of itself is inadequate. Even with a greatly expanded budget, EFNEP could never hope to service 5.6 million households with a one-on-one approach. Other methods of reaching the low income households have to be considered, and a more creative, particpatory role of the people serviced by the program needs to be envisioned. Specifically EFNEP, in my opinion, would be far more effective if it were to avail itself of modern advertising and promotional techniques. Let's work through television, billboards, radio --even working with regularly scheduled programming so that favorite television or radio shows also integrate nutrition information into their scripts and serials. Nutritional information could be posted at the grocery store itself --so that the families served by EFNEP can also better appreciate what to buy once they are able to buy. And EFNEP can do a better job of making nutrition education a two way street. The needs and desires and problems of the families being served by EFNEP must be represented in the programs and publications USDA produces. Low income people ought to be added to EFNEP advisory boards to help ensure that materials which are produced are appropriate and relevant to the needs of the people they are designed to serve. Again, a nutritionist is not necessarily an expert in either education or advertising. And when it comes to nutrition education, perhaps the medium is just as important as the message.

HEW - Office of Health Information and Health Promotion

The other major player in the federal government's role in nutrition education is the Department of Health, Education and Welfare. There can be little question that the federal agency with primary responsibility for the health of Americans has not done its job in the past. With a budget of $160 billion, HEW spends no more than $8 million on nutrition education --and maybe $4 million maximum on legitimate nutritional outreach programs of any kind. As the CRS study noted, HEW' efforts are diffuse, uncoordinated and lacking in clarity of goals or purpose.

In 1976, Congress mandated the creation of the Office of Health Information and Health Promotion with the passage of the National Consumer Health Information and Promotion Act. This office has given a high priority to nutrition education coordination. Unfortunately this office has operated without a budget this past year and has prospects for a mere $1.5 million in fiscal year 1978. This office needs to be strengthened and its role greatly expanded. The potential exists within HEW to respond creatively and purposefully to nutrition education needs if there exists some focal point for leadership within that massive agency.

Nutrition --Middle Income Problem Too

As the Distinguished Chairman of this committee has noted on numerous occasions, nutrition and nutrition education are not solely the problems of low income families in this country. All Americans suffer from the plight of nutritional illiteracy. Our doctors aren't trained in nutritional preventative medicine, our schools and hospitals lack the knowledge or facilities for adequate information dissemination. Our government clearly has yielded the battle ground to the food industry. The billions and billions of dollars spent by the food industry on mass advertising convey a clear and exciting message to the public at large: eat this food it's good for you, it's healthful, it's fun, it keeps you young and alive. In response the federal government spends $70 million a year --almost none of it in the medium that reaches most Americans, television.

I am not saying that all of the food industry is engaged in some plot to poison the health and lives of Americans. I am saying that it is incumbent upon the federal government to stake out for itself some role educationally, beyond the rather minimum regulatory functions of the FCC and the FDA. If the federal government can be concerned about auto safety and cigarette smoking, ought it not be all the more concerned about the nutritional wellbeing of Americans?

Like generals who learn too well how to fight past battles, the federal government, health officials, educators, nutritionists and private industry --all are unprepared to deal with the new threats posed by the affluent diet. Despite the statistical and epidemiological evidence linking our affluent high starch, high salt, high sugar, high cholestorol diets to coronary disease, cancer, diabetes, high blood pressure and the like, these agencies and professional groups have been most reluctant to speak to the public about the possible links between diet and disease, the possible risks we take when we eat what we eat today. Symptomatic of this reluctance to take into account the new and mounting evidence of the pitfalls of the affluent diet is the case of the federal Center for Disease Control: the title of the official in charge of nutrition surveillance is "Director, Office of Smallpox Eradication." The last recorded case of smallpox in the United States occurred in 1949.

SOME RECOMMENDATIONS

There is much that the federal government could do, once it has recognized that nutrition education ought to be aimed at all Americans, to assist citizens in their desire to eat well and protect their health and nutrition.

1. Congress can direct HEW (in concert with USDA) to develop a minimum set of prudent dietary goals for "healthy" people. Similar dietary goals should be established for people with one or more specific health problems. The Senate Select Committee has released such a series of recommendations which ought to be studied and, if necessary, modified by HEW. These dietary recommendations ought to take into acocunt the fact that there is much speculation and much evidence concerning the links between the so-called affluent diet and the incidence of certain diseases. Even if conclusive evidence is not yet established concerning this link, the American people have a right to expect the federal government to be the first and not the last source of information and warning.

2. Congress should authorize the creation of some agency or interagency group

that is responsible for federal nutrition education coordination. The hodgepodge effort that now exists is ineffective, and by and large outmoded, because of limited conceptions of what constitutes education as well as what constitutes good nutrition. Sufficient funding will be required if such an agency is to carry out this new mandate effectively.

3. Nutritional labeling needs to be improved and simplified for the layman. Progress has been made in the area of calorie and carbohydrate information. However, the average consumer needs information that clearly conveys the nutritional worth of a given food that can be integrated into his or her overall diet. Similar nutritional information ought to be considered at restaurants and fast food chains.

4. Congress can and should mandate additional funds for nutrition education research. The CRS study gave strong indication that our knowledge of what we know and what efforts already exist --public and private-- in nutrition is insufficient. Consumer polls and analyses of what the public's concerns and interests are, are also essential prior to the fashioning of a national nutritional policy.

5. Federal agencies can and should work more closely with schools in developing nutrition education programs, incorporating nutrition information into curricula --and in diversifying and improving the nutritional quality of our school lunch programs. In our nutrition "rethink" we must appreciate the fact that all the good to be accrued from nutrition education in our schools is obviated at the cafeteria and at the vending machine.if the foods made available to students are not themselves varied and nutritious.

6. Under already existing legislation (through the Health Manpower Act), HEW has been mandated by the Congress to increase the attention paid to preventative health care training in our medical schools. HEW can provide more funds and

more incentives for medical schools to incorporate preventative health care and nutrition in their curricula.

Summary

Mr. Chairman, there is some irony to these hearings. In the fight against malnutrition and undernutrition abroad, the United States has been a leading advocate in recommending to other countries, through our foreign aid program, that they establish national nutritional strategies. The irony is, of course, that the United States itself has formulated no such strategy here at home. In fact, our own Department of Agriculture is extremely reticent to declare just what foods constitute healthful foods and which foods contribute little or nothing to health.

This country needs a comprehensive nutrition policy. And a commitment to a broad based, national nutrition education effort is a solid beginning towards the establishment of that policy. The American people have a right to call upon their government to take the leadership in this effort. I believe that these hearings will go a long way towards prodding our federal agencies to a creative approach in nutrition education that contributes to the better health and wellbeing of all Americans.

Mr. RICHMOND. Mr. Connolly, you certainly know your subject.

Your comments about EFNEP are interesting. I am glad my colleagues, Mr. McHugh and Mr. Baldis, are here to hear that.

In other words, you feel on a one-to-one basis, there is no way that the USDA EFNEP program could be effective. I suppose we should take a leaf out of Tupperware's book and try that kind of approach. Is that right?

Mr. CONNOLLY. I don't want to launch a broadside at EFNEP. I am trying to make the point that one-to-one alone will never do the trick. How many bureaucrats and how many home economists will we need to serve this 5.6 million families if we deal exclusively on the one-to-one approach?

I think there are more creative alternatives if we had a little more creative thinking on the conceptual question of what constitutes nutrition education. It is broader than the one-to-one. I think we need much more.

Mr. RICHMOND. After we recess our hearings today, we will resume on Thursday. October 6 at 10 a.m., and we will have agency heads here and we will have EFNEP here. We will question them on this.

We thank you.

Sister Schommer?

[The prepared statement of Sister Schommer follows:]

NUTRITION EDUCATION WITHIN THE CONTEXT OF GLOBAL INTERDEPENDENCE, COMPREHENSIVE HEALTH CARE, AND ECONOMICS

Prepared by: Sr. Carol Schommer

For: House Subcommittee on Domestic Marketing,
Consumer Relations, and Nutrition

Chairman: Frederick W. Richmond

Date: September 28, 1977

My name is Sr. Carol Schommer. Since I have been working specifically on nutrition issues in the Office of Appalachian Ministry of the Catholic Diocese of Richmond, I was chosen to represent the office here today.

Our decision to testify at these hearings was ultimately based on our belief that the right to life and the right to the fullest possible human development of that life are God-given gifts. Along with the 1974 Synod of Bishops we recognize the "right to eat" as fundamental to human dignity and basic to the right to life itself. Our creation and redemption through Jesus Christ does not permit us to remain indifferent to the problems of hunger and malnourishment. And, as the United States Catholic Conference stated in 1975, "An essential element of a national policy against hunger and malnourishment is nutrition education." Therefore, I ask that your deliberation on nutrition education be permeated by a concern for the accomplishment of justice, guaranteeing to every human person that "right to eat".

Many words have already been written and spoken emphasizing the importance of nutrition education in the fight against hunger and malnutrition. In the 1969 White House Conference on Food, Nutrition and Health it was stated that "every American should have access to knowledge of nutrition and its relation to health as well as to the purchasing power to secure food to meet his nutritional requirements". The time has come to examine how concretely and effectively these numerous ideas have been actualized in life situations.

To examine any of the multiply-faceted food related problems, including nutrition education, without a world vision distorts the picture. Our global interdependence makes it imperative for us in the United States to be educated to the fact that our eating habits affect not only ourselves, but the nutrition of our sisters and brothers around the world. I believe this comprehensive view can promote better nutrition for all. However, this will be accomplished only if government policies are based on principles of justice and not on principles of economics. Let me illustrate this point with more specific examples.

Seen in a world perspective it is vital that one topic in nutrition education efforts be food sources of protein. The advantages and implications of the increased use of vegetable protein and the decreased use of animal protein in the United States should be clearly explained.

Only 10 percent of the grain fed to livestock is retreived as protein for human consumption. Because so many people demand meat as a protein source, 18 million tons of protein become inaccessible to humans in a single year. These same 18 million tons amount to 90 percent of the yearly world protein deficit. On the other hand, the real purpose of high-protein feeds is to increase the fat content of meat not the protein content. Now, American diets are notorious for their high fat content; and a strong link has been made between high fat diet and ailments such as heart disease and strokes. Another practical aspect of this increased use of beans, rice and grains in combination with cheese and eggs, is the provision of high quality protein for less money.

My conclusion is obvious. If Americans were educated to the increased use of vegetable protein and the decreased use of animal protein their health would improve and there would be more protein available for world distribution.

Land use is a second necessary topic in nutrition education from a world perspective. Much good agricultural land, especially in Third World countries, is used to grow cash crops such as coffee and tobacco. In our own area of southwest Virginia land that could be used for local gardens is planted in tobacco. The two cash crops mentioned not only lack nutritive value, but also are detrimental to health. Education about patterns of land use which prevent the growth of foods with nutritive value, in one area of the world; and permit the growth of products undermining health in another area of the world is an essential part of nutrition education from a world perspective.

The utilization of natural resources is a third topic for nutrition education from a world perspective. Packaging food consumes energy. The U.S. Environmental Protection Agency stated that the difference between the 1958 and the 1972 rate of packaging consumption was equivalent to 267,000 barrels of oil per day. Not only that, but packaging food increases the cost of food to the consumer. Nutrition education aimed at exposing the non-essential packaging of food could increase both the world's energy supply and the consumer's buying power.

Therefore, I urge you to have a world vision in your discussions on the impact and direction of nutrition education. It is vital to pursuing that goal in justice of guaranteeing every human person the "right to eat".

Secondly, I would urge that nutrition education be viewed within a comprehensive health care context. The United States Catholic Conference in a statement on "Feeding the Hungry" in 1975 wrote: "Consumers need opportunities to improve their knowledge regarding foods and eating habits and to better understand the relationship between health and nutrition". The dichotomy which still exists between preventive and primary health care results in an ineffective health care system.

Nutrition education is needed, first of all, in the training of health personnel, especially doctors. Doctors rarely concern themselves with diet until they are treating an ailment. Yet the cost of health care could be greatly reduced with better preventive care. Some statistics developed at USDA indicated that better diets might reduce the problems of diabetes by 50 percent, heart disease by 20 percent, obesity by 80 percent, alocholism by 33 percent, and intestinal cancer by 20 percent.

Even when doctors concern themselves with diet, they do not necessarily concern themselves with nutrition education. A county Extension agent talked to me about a pregnant woman whose doctor had told her "to leave off the bread". Concerned that the woman would lack necessary nutrients without grains in her diet, the Extension agent questioned her further. The doctor had also told her to eat cereals, but had never taken the time to explain the need for grain foods in her diet.

Doctors receive such a small amount of training in nutrition that they even give out wrong information. The same Extension agent reported another patient who was told: "Eat lots of red beets; they are rich in iron." In reality it is the beet greens that are rich in iron.

Federal legislation mandating a continuing education program for doctors which would include a substantial amount of nutrition education might be one way of filling the gap in doctors' nutrition education background.

Another problem in providing adequate nutrition education is that the role of the nutritionist is not recognized by other health professionals. Today, no one person can be knowledgeable of all possible health alternatives. A team approach to medicine must be developed rather than territorial defensiveness.

The complementary role that trained nutritionists can play in health care needs to be appreciated by other health professionals, especially doctors. The present system in which health care is initiated with a doctor-patient relationship, and only secondarily referred to other health professionals needs to be expanded and, in some cases, reversed. Here is an example of how this hierarchical system reduces a nutritionist's skill to simply following inadequate prescriptions. A doctor prescribed the same diet for two obese patients, one 16 years of age and the other 40. Without modification for the different caloric needs of these two patients the diet prescription was bound to fail.

Nutritionists, as well as other health personnel, need autonomy to function as professionals and freedom to interact with clients on their own. They should prescribe as their training enables them, and refer their patients to doctors if a medical condition warrants. They need to be legally responsible for their actions just as doctors are.

One historical reason for our hierarchical health system with the doctor at the head might be the following. Doctors have been primarily men, who as food consumers rather than food preparers have little appreciation for the complexity of food preparation, diet selection, and food purchasing. Nutritionists, on the other hand, have been women, and therefore share the cultural sexual background of other women.

Nutritionists within the governmental system also need freedom from restrictions which limit their professional effectiveness. One state nutritionist I talked with is not allowed to apply for a grant without approval on the state level. She is also not allowed to submit her comments on the WIC program to a federal agency. She is not allowed to make phone calls out of state, and feels that her work suffers because she doesn't have sufficient access to new ideas.

Dieticians are another group who could use more nutrition education. Their training often proceeds from a marketing and industrialist point of view. They learn how to make food appeal to people and how to cut expenses. Emphasis on food from a nutrition point of view seems to be lacking.

Nutrition education viewed within the context of preventive health should ensure both adequate personnel and adequate insurance coverage. It would seem that every clinic should have a nutritionist, or some health personnel sufficiently trained in nutrition to make nutrition education a priority. Preventive nutrition counseling should be covered by Medicare. At the moment such things as diabetic counseling are not covered unless they are accompanied by treatment.

Viewing nutrition education within a comprehensive health care context is not an easy task. In January the Senate Select Committee on Nutrition and Human Needs in a report concluded that many serious physical ailments could be avoided or reduced in severity with substantial changes in the daily diet. The American Medical Association has joined various industry groups in strong criticism of this report. The AMA issued a statement in April saying that it saw no need for Americans to change their present diets for health reasons and that the goals of the Senate report "infringe on the doctor-patient relationship". I agree that there is an infringement of rights: economic medical power is infringing on people's rights to accurate and detailed nutrition education.

People can understand nutrition if it is related to health. I, therefore, urge this subcommittee to undertake the difficult task of examining nutrition education within a health care context.

How often is "nutrition education" determined by economics rather than by human needs? This is the third context which I would urge the committee to keep in mind in their examination of nutrition education.

In the theoretical model of a free enterprise market economy it is assumed that advertising, packaging, and other promotional information by the seller will give consumers the type of purchasing information to be efficient purchasers. However, examining the actual content of food advertising you find catchy slogans and trendy tunes instead of solid information about the advertised products comparative price, quality, and nutritional value. Consumers are being manipulated by the economic interests of the food industry.

A 1971 Harris poll indicates the power of the media in promoting health education. It revealed that 29 percent of the American people receive their health information from TV advertising, 28 percent from newspaper medical columns, 26 percent from magazines, and 25 percent from TV medical news. These same sources should be utilized to provide accurate and clear nutrition education and its relation to preventive health.

The average American today will have watched nine full years of television by age 65. The average American child will see more than 25,000 television advertisements in a given year, and at least 50 percent of these will be for food related products. Media must allow the same amount of time for advertising the nutritional value of foods as for stimulating the consumption of "fun foods" and convenience foods. A one-sided monopoly by companies trying to convince people that status, convenience, and a sweet taste are more important than nutrition is allowing the "free enterprise system" (and I say this loosely) to dominate the people.

Furthermore, nutrition TV commercials should be aimed at their audience. On Saturday morning they should be geared to children and present the value of fruits and vegetables in a competitive way with the commercials advertising sugar laden products with little nutritive value.

Present efforts at nutrition education are rarely directed at men. Yet a husband's tastes can often determine family diet. Sports events commercials could effectively reach the forgotten male audience by presenting nutrition habits that help to prevent heart attacks, obesity, and tooth decay

A grant program allowing interested persons to produce nutrition education commercials in a local setting might be an effective federal effort. In our area a group called Appalshop produced a series of TV spots relaying information about gardening that was not only effective but also relatively inexpensive.

Perhaps some tax subsidies now being directed to the tobacco and sugar industries could be diverted to fund nutrition commercials. The government should be supporting positive rather than negative nutrition efforts.

It is not enough that TV commercials or other media efforts list the nutritive contents of foods. They must also explain the value of the nutritive contents in the human body. It is not enough to claim that a product contains iron. Accurate and clear facts explaining the role of iron in preventive health are also necessary. Clarity is lacking when a cereal claims to provide 25 percent of the USDA recommended vitamin dosage, and most of the vitamin is coming from the milk.

There should also be a process that holds magazines accountable for factual nutritional information. Inaccurate information such as fad diets have even been detrimental to health.

Radio spots seem to be effective for disseminating information in our geographical area. Besides providing direct nutrition education, both television and radio, by publicizing a phone number where comprehensive information is available, could be used as referral systems for all health needs, including nutritional needs.

Economics has also helped to alienate the American family today from proper nutrition habits. Societal pressure toward an ever-increasing consumption of commodities has made family mealtime a thing of the past in many cases. With both parents working to support the consumptive pattern, there is not sufficient time for the preparation or the eating of nutritionally adequate meals.

Another aspect of nutrition education in relation to economics is illustrated by a local example. Several factories in our area employ mainly women. The workday begins at 7:30 A.M. and many of the women arrive without breakfast. They are allowed a ten minute break in the morning and afternoon and a half hour for lunch. However, the only food available is the usual vending machine fare; in spite of the fact that the women themselves have asked for milk. It is not surprising that an informal survey indicates that obesity is a definite health problem. People should be provided with opportunities to use their nutrition knowledge. Why not a milk machine instead of a coke machine? Or a vending machine with peanuts as well as peanut candy bars, and apples as well as cookies? The economics of the vending machine industry should not be allowed to dominate human needs. The same is true of the fast food industry, which could just as easily advertise milk in their glass specials instead of coke or vary the menu of predominately fried and sweet foods.

Food cooperatives can be a positive economic force in providing nutrition education. Thought and efforts should be given toward utilizing and cooperating with these people-controlled food stores in the dissemination of nutrition information.

There is great potential for enabling consumers to satisfy nutritional needs more adequately and cheaply through the provision of relevant food purchasing information. And so I urge this subcommittee in its deliberations to see that this happens by placing human needs before economic interests.

I would now like to make some comments on the adequacy and effectiveness of current federal nutrition education efforts.

In the first place those 30 separate nutrition education programs mentioned by Delegate Richmond in his invitation letter either have a limited geographical scope or there is a lack of communication. Sharing that letter with nutrition professionals in our area of southwest Virginia provoked the following typical response: "Ask them to send out a list and details on those 30 nutrition education programs. I am a professional nutritionist and don't even know about them. Either the programs are not working or there is a lack of communication."

A second connected problem is that the steps between the drafting of a federal program and its implementation on the local level are often not accomplished. For example, we have been working for two years in our planning district to establish a WIC program. An over-pressured health department along with state regulations delegating administration to the health department alone have been insurmountable obstacles. The state of Virginia has finally decided to assume most of the administrative burden and to mandate the program on a state level. However, Virginia has already lost most of its WIC funding. So a program that might have provided effective nutrition education for a specialized and needy segment of our local population will have little impact in the immediate future if ever.

Another example is an Extension program designed for poorer families called the Expanding Foods and Nutrition Education Program. In 1970, the two planning districts comprising southwest Virginia ranked 20th and 22nd in a total of 22 Virginia planning districts in mean family income. Compared with a state incidence of poverty of 15 percent, they had 34 percent and 29 percent of their populations in poverty in 1970. However, only two of these seven counties ever implemented the above-mentioned Extension program specifically designed for poorer families.

I would suggest that any future federal programs study carefully the steps needed for implementation on the local level. A direct route from the federal program to local community groups should be planned. In my experience in southwest Virginia many good programs have been hung up in state bureaucracy.

Thirdly, there is a need for integration and communication on all levels. Let me give you some examples.

One nutritionist with an elderly feeding program spoke of a tension between funding from USDA and HEW. She had the feeling that USDA did not want to be thought of as a welfare agency. Yet they cannot ignore any segment of the population. Instead present pilot programs aimed at reaching poorer people with really great nutrition education needs should be enlarged.

Thought should also be given to local integration of the certification process for various federal programs. Persons in our rural counties where there is no public transportation have to travel to the health department one day for the WIC clinic and to the welfare department on another day for the distribution fo food stamps. A simplification and integration of even these two programs on the local level should increase the possibility for nutrition education to really happen.

One example of how programs can be integrated was provided by a local elderly feeding program. They are trying to utilize the Title IX program to employ some of the older citizens at the library. Then these same older citizens will be utilized as resource persons at the feeding sites in presenting interesting library resources, including nutrition resources.

I would also ask whether present efforts at nutrition education pay sufficient attention to geographical, ethnic, cultural, and socio-economic differences? The basis for the question is illustrated in the following example.

A visit to the food stamp office in Wise County several years ago revealed boxes of pamphlets with nutritional information stacked in the corner. The man in charge indicated that he just didn't know what to do with them. What was the use in passing them out when many of the food stamp recipients couldn't read?

Then too, is sufficient reflection given to building on positive cultural nutrition habits? People in the Appalachian area tend to use more vegetable proteins, but they also have a fairly high fat content in their diet. Education aimed at reducing the fat content using a completely different diet will probably be ineffective. However, a menu, building on the positive aspect of the use of vegetable proteins, could succeed. Nutrition education must be focused within a cultural context; it cannot be mass produced.

Has attention been given to developing local nutrition education packages? In our area there are seasonal differences in nutritional deficiencies. In summer there tends to be a protein deficiency because people rely on their gardens for food. In winter there is a vitamin deficiency because of a lack of vegetables and fruits. Nutrition education should therefore, reinforce the Appalachian pattern of home gardens and canning. Vegetables at reasonable cost would be available in the winter months. Those who control the production and distribution of food would like to sell their Florida or California grown produce, but local people cannot afford the price. And why is it necessary to import produce when there is an ample local supply?

In some federal programs or in the implementation of such programs the importance of nutrition education is undermined because it is not emphasized. Several states have mandated the School Breakfast Program, but only a minority have included nutrition education as part of their legislation. Another illustration of this lack of emphasis on nutrition education was related to me by a person who works with the older citizens feeding program. She felt hampered in her efforts because of a lack of funds for nutrition education per se. Because she works in a rural county and funds for mileage costs were not available, she was only able to utilize a limited number of resource persons.

One last concern regarding the adequacy of current nutrition education efforts is the inappropriateness of using a statistical model to measure the effectiveness of implementation. Preventive measures cannot be assessed in the same manner as curative measures. In assessing preventive measures you must examine behavior changes in the short run. The long run needs a comprehensive view, say at least a twenty year study.

I would like to conclude my remarks with several comments related to nutrition education in a rural setting and nutrition education within the school structure.

A rural area such as our own could profit by a two-pronged effort: one focused on going out to people and one focused on bringing people in. Home health care whether preventive or primary is cheaper than hospital care, and allows people to maintain greater control over their own lives. Rural people tend to be independent and don't respond if they are told what to do. Concentration of services in one spot is ineffective in a rural situation. Transportation is a problem and there is a need for great decentralization. A mobile unit to provide primary and preventive health care including nutrition education would be a definite advantage. Doing nutrition education in the home allows for education which recognizes individual needs and ethnic, environmental, and economic differences. It also allows for the education of a family unit. Educational materials designed for such an approach might need to be developed.

On the other hand, socialization is an extremely important aspect of eating. So there is also a need to bring people in to a central place where nutrition information can be shared. The development of a local community nutrition center would give scope for many possibilities: cooking lessons, sharing of recipes, tasting parties for young children, care of infants' nutritional needs, gardening tips, distribution of seeds, community canning equipment, discussion of pure water resources, garbage disposal. It could also focus on other important aspects of nutrition education such as exercise, with actual exercise programs and a weight watchers program. Integration of various federal feeding programs such as the summer feeding program and the elderly feeding program would make nutrition education available to these groups. Using the center as a site for federal food programs such as food stamps and WIC would increase the possibilities of supplementing these programs with more effective nutrition education. Some causes of poor nutritional habits such as chronic depression might be attacked by the socialization possibilities of such a center on all levels.

Turning to the school structure, it is important that nutrition education begin with the youngest children. It is easier to form good habits than to change bad ones.

The school lunch room could be an excellent laboratory for nutrition education. However, a team effort involving lunchroom personnel, teachers, and administrators is needed to accomplish this. It is often difficult to find time to educate toward this team effort within present school structures.

The adequacy of educational materials on all levels should be examined. If materials are unavailable they should be developed. Available materials should be disseminated. One school nutritionist discussed the difficulty in obtaining suitable materials until he knew about the curriculum put out by the Dairy Council of the Southeast.

In conclusion, I simply reiterate my original concern that your discussions on nutrition education be guided by a concern for the accomplishment of justice, guaranteeing to every human person the "right to eat".

Mr. Richmond. Thank you very much.

Miss Scott, we are happy to have you here.

You represent an outstanding organization which was of great help to the subcommittee in preparing new food stamp legislation.

STATEMENT OF ALICE SCOTT, NATIONAL COORDINATOR FOR SCHOOL FEEDING PROGRAMS

Ms. Scott. Thank you, Mr. Chairman, and members of the subcommittee.

As a F.R.A.C. staffer, I have traveled in over 45 States and the only reason why I haven't been in the others is because time has not permitted.

I am a member of A.D.A. and also affiliated with the New York State Nutrition Council. Let me say that I am a member of these organizations that I have not felt that they have been relevant to the kinds of concerns that we are faced with today.

I think that we should be addressing ourselves to accountability. It is very difficult to get information and have it channeled down to a local community group that needs this information on nutrition education, on quality food, on dietary problems.

My major role is organizing groups such as the New York City School Food Coalition, working with the New Orleans Food Services Division and working with the Chicago and Detroit community organizations and food services personnel and attempting to develop a quality food program for children.

Talking about quality, my most recent experience in Tennessee, I was in talking with the food services personnel and with teachers who are concerned about implementing the program. They invited me to stay for lunch. However, time did not permit because we had other discussions concerning how we would develop a nutrition education curriculum into the total school food services program. It was hardly before I left that building that I found that innumerable children were already ill from eating the lunch that had been served to them that day.

Let me explain to you that in New York City, while we were talking about attempting to expand the school's breakfast program, we found that we were never able to reach the resource people who were supposed to be helping and working with the programs.

So, these are the kinds of problems that I am concerned about as far as accountability is concerned.

We mentioned EFNEP and if you mention that in Mississippi—as I've been there and in Georgia and in Charleston, S.C.—they would ask you "What do you mean, EFNEP?" We are still trying to get food stamps, we are still trying to implement a school breakfast program in all the schools and we are still working on implementing school lunches in many of the schools.

Experiences have included being in upstate New York and talking with teachers who are feeding children with the food that they have brought from home in their own lunch.

When we talk about the migrant labor camps, part of the work I was doing last week and of course this is all of my work at FRAC in the migrant labor camps, when I arrived in Raleigh, N.C., and tried to explore with those people who were concerned with feeding children and actually concerned with the implementation of those federally funded food programs, I kept saying, "Why is there a WIC program?" "Why aren't you getting food stamps?" "There is no reason for it—surely there is a school lunch program."

After visiting the migrant labor camps and seeing the actual conditions that exist there, I realized why they didn't have a summer feeding program. I realized why there was no school breakfast program. I realized the problems of having those families not eligible for food stamps not receiving them.

So, I have been very concerned about the sudden worry that we develop nutrition education because I am concerned that there would be legislation passed making huge amounts of money available and that there would be nutrition programs implemented throughout this country that would not be relevant to communities and peoples' needs. Also, it would not permit the kind of involvement to assure on the local level that there is a nutrition education program that is relevant and that people would get distorted information.

I do see the need because I have not seen 1-school in the 20 major cities that I have traveled that have had K-through-12 nutrition education programs where we teach children actually what foods they should be selecting as a part of a survival mechanism.

I am talking about survival in many instances because you are talking about that when you are talking to some of the people in rural Florida areas outside of the Miami area and outside of the Jacksonville area. Those are the kinds of concerns that we have when we talk to the teachers who say that pupils have sat in classrooms for 8 hours or 6 hours or longer since their last meal from the night before.

I know that I have covered many areas, but I am covering many areas with my deep concern. Surely I am very proud of those groups such as the groups I have seen organized in many of the areas where they are now addressing themselves to making the federally funded food programs work.

But in my contact with EFNEP over the last few years I have asked about the nutrition education money and who is receiving it and I have yet to receive a response to that question. What kinds of programs are being developed if you are doing research studies and what happens to those research studies.

Mr. RICHMOND. Excuse me, we will have to ask you to summarize.

Ms. SCOTT. Certainly.

In summary, I am urging certainly that there be an expansion of availability of nutrition education and that there will be some kind of dietary goals established so that people can know there is at least one central source for this information.

Thank you.

Mr. RICHMOND. Thank you, Ms. Scott.

Mr. McHugh?

Mr. MCHUGH. Let me ask you a question which relates to the welfare proposal that President Carter has put forward. It may not appear relevant, but I think it is in some respects.

As you know, we now have passed a new food stamp program. Under the food stamp program, people receive stamps which they use for food. The President is proposing to consolidate the food stamp program, the

AFDC program, and the SSI program into what amounts to a cash supplement program.

This would mean that people who qualify on the basis of income for assistance would not get food stamps but would rather get cash. Your discussion, Ms. Scott, about the situation in some of the places you have been, and the lack of information there, raised in my mind the question as to whether that proposal to eliminate the food stamp program and to consolidate it with others is desirable in terms of people receiving an adequate and nutritious diet.

Is there any danger in eliminating food stamps? Might we be risking the possibility that people would spend money that they now spend on food through food stamps on things other than food, thus undermining their diet?

As a member of the Agriculture Committee, I supported elimination of the purchase requirement because I thought that was one of the major reasons why people were not participating in the food stamp program.

Others who opposed eliminating the purchase requirement argued that people would spend less money on food, which was the purpose of the food stamp program initially.

Is that a problem from your point of view? We are going to have to respond to this in the committee.

Ms. SCOTT. I think it is a serious problem. I feel that it is a serious problem because I am not certain as to what the base will be established nationally. I am concerned as to what money will actually be made available for the purchase of food.

Certainly, although there has been a great deal of expansion in the food stamp program, yet it is a fact that there are many, many families which need food stamps and as yet do not have them. Part of the problem certainly was the purchase price. There is very little doubt about that.

Mr. MCHUGH. Does anyone else have a comment on that?

Ms. GORDON. I would be in favor of going the other direction and making the food stamps more specified as to items such as the WIC program.

In a lot of the families that I deal with, the reason that they need food stamps and need welfare assistance is that the man of the household, if there is one, either does not want to work or has not found something that he feels that he can do.

I really feel that a lot of the money would just be wasted if you were to give them money rather than the food stamps or some mechanism where you could get food specifically.

Mr. MCHUGH. Thank you.

Mr. Connolly?

Mr. CONNOLLY. I have two comments. The first is that from my own point of view the food stamp program really represents a kind of resource transfer to economically disadvantaged households in the United States. I think Congress has to recognize that fact. I think perhaps President Carter's welfare proposals explicitly recognize that fact by changing the food stamp program, notwithstanding what has just been about the problem and how to enforce that people spend that money for the thing that it was originally designated for, for example, food.

My second comment is this. This only should accelerate our recognition for the need for a large scale nutrition education program.

Mr. SCHOMMER. I would endorse that.

I think that part of the reason that people maybe do not spend or even now use food stamps wisely in their choice of food is the counter effect from the food industry. If you are in an oppressive kind of environment as the Appalachian scene can be, then there are those sweet things placed out there as something you can get and something good that society has that you can get.

I think the education is really vital.

Mr. MCHUGH. Thank you very much.

Mr. RICHMOND. Thank you very much. We appreciate all of you taking the time to testify.

Our next witness is Ms. Bea Marks, Botsford-Ketchum.

Ms. Marks, I understand you have some hard figures on what an actual media campaign for nutrition education costs.

STATEMENT OF BEA MARKS, VICE PRESIDENT, CONSUMER PUBLIC RELATIONS, BOTSFORD-KETCHUM

Ms. MARKS. Mr. Chairman, we will take just a moment and we will set up our screen for a short movie.

Mr. RICHMOND. Where is your agency located?

Ms. MARKS. In San Francisco, although we are a part of a national agency, we have offices all over the country.

I should say "good afternoon" while this is all being set up.

Before anything else, I would like to show you the short movie. It is one way that we have found to teach a couple of very important nutrition facts.

It is very brief, gentlemen.

[Movie shown.]

Ms. MARKS. I hope the light allowed you to see that. It is an educational message that makes clear a memorable point.

It has been suggested to me that I talk without benefit of the statement which I have prepared. For people that know me, that is an invitation to disaster because I can go on for 3 days. This happens to be my favorite subject, as anyone who knows me.

Mr. RICHMOND. Without objection, your prepared statement will be inserted into the record at this point.

[The prepared statement of Ms. Marks follows:]

STATEMENT

before the

HOUSE COMMITTEE ON AGRICULTURE

SUBCOMMITTEE ON DOMESTIC MARKETING,
CONSUMER RELATIONS AND SUTRITION

September 28, 1977

Botsford Ketchum Inc.
55 Union Street
San Francisco, CA 94111

Beatrice G. Marks
Vice President
Consumer Public Relations

My name is Beatrice Marks. I am a vice president of Botsford Ketchum, an advertising and public relations agency.

I would like to thank the Chairman and members of this Subcommittee for providing this opportunity for the expression of our views. I hope that my experiences in nutrition education will provide a useful perspective for your consideration.

I supervise the consumer-directed public relations programs for Botsford Ketchum, which has many food clients. I also work very closely with our advertising people.

I'd like to show you one way we found to teach a couple of nutrition facts.

TELEVISION COMMERCIAL

Voice Over

America loves potatoes.
But is afraid to eat them.
Afraid they have no food value.
Afraid they have few vitamins.
Afraid that they are — fattening.

Fear no more, America, a medium-sized baked potato contains only 90 calories, plus Vitamin C, iron, B_1, and other nourishing goodies.

So ... mash 'em, hash 'em, slice 'em,
dice 'em, take'em and bake 'em.

You have nothing to fear, but fear itself.

Now that's an educational message that makes a clear and memorable point.

And it's just one part of an advertising and public relations program for our client, The Potato Board. This is a program that has not only taught a basic nutrition principle, but has also taught consumers how to put that principle into practice.

This is a program that is already considered a classic. It's used as a teaching case study at the Harvard School of Business and the Harvard School of Public Health. It's an example that others could well emulate.

It started as a sad story just a few years ago, when the potato was neglected and misunderstood -- maligned as fattening, shunned because of the fear of carbohydrates that was being spread by fad diet promoters.

Here was just the kind of food Americans should eat more of, suffering from misinformed public opinion.

For, unfortunately, although most legitimate efforts at teaching nutrition had accomplished little, the faddists made good use of the media and were very successful in getting their ideas across. After all, the typical overweight consumer would rather buy a book that offers promises promises -- than face the facts of counting calories.

We felt that misconceptions were the major marketing barrier potatoes faced.

We didn't know how bad it was until we completed our base line consumer attitude and usage study in 1973.

We found that:

— About a third of those surveyed felt potatoes had "too many calories." This was the primary reason given for low or reduced consumption.

— Barely, over half thought of potatoes as "nutritious."

— Only slightly more than a third thought of potatoes as a good source of vitamins and minerals.

Our research told us that people liked potatoes but were afraid to eat them.

We talked to nutritionists and determined that tackling the problem head on, concentrating on fighting the misconceptions would be the best course to recommend.

Instead of hard product sell for immediate results, we proposed a long range education program that linked the potato to important nutrition concepts that needed teaching. In many of its aspects the program we were recommending would do as much to teach the nutrition facts about the role of carbohydrates in the diet, as it would to sell potatoes.

The Potato Board agreed. The growers of potatoes are remarkable men of great good will. They loved the idea of helping the public to a better understanding of nutrition and the potato. The Board and its Executive Vice President, Robert Mercer,deserve great credit also for their vision and faith that allowed them to see how much could be accomplished.

When we decided to take this approach -- telling the truth about the potato -- and nutrition, we were able to receive great support from another sector, the nutrition community.

We were fortunate to have as our consultant, the nutrition author, Ronald M. Deutsch, who wrote the report of the panel on deception and misinformation of the White Conference on Nutrition. He helped us to mobilize outstanding nutrition authorities who would help the Board's efforts in many ways.

When nutritionists learned of our program, we found that they often used the potato as an example in their writing and lectures. They graciously took part in our seminars for editors, and set a standard of excellence for us to follow.

Credit, too, goes to Botsford Ketchum. I'm proud of the fact that everyone stuck with the difficult job of treating the nutrition statements with great respect for the facts, with meticulous attention to accuracy of meaning so as not to mislead or misinform.

You know, it's a lot easier to sell the sizzle, than nutrition and yet, with all of the severe restrictions our advertising people produced award winning ads. Television commercials, print ads and entire campaigns won prestigious advertising awards, nutrition awards and even marketing awards. It was, and is, advertising that is truthful, factual and convincing.

The necessarily brief ad messages were backed up and expanded by public relations programs. Many unusual tools and techniques were developed to explain the nutrition principles and how they applied to potatoes.

"The Potato Lovers' Diet Cookbook" which was promoted on TV by appearances of its author so that consumers could see that she had really lost over 100 pounds while still eating potatoes and a balanced diet.

Newspaper publicity materials were designed to help the busy newspaper editor to write interestingly and well about this difficult subject and to tell her readers how to cook dishes and plan meals that would apply the nutrition information.

Faddists were getting a lot of publicity in magazines, so we had editor seminars so they could learn the truth about fad diets and nutrition. They met expert panelists — who became unimpeachable resources for checking stories and facts. Now, more and more magazines are running nutritionally sound diet features — with potatoes in their balanced diets. And several magazines have devoted an entire month's food section to the potato, its value and ways to use it.

The Potato Board has staged communications seminars for nutritionists each year to teach these knowledgeable professionals the skills that will enable them to do a better job of reaching a public that needs to know about nutrition.

The Potato Board's Teachers Guide to weight control has been requested by about 25,000 home economics teachers who have used it to reach hundreds of thousands of students in a captivating and convincing way. This year a new Potato Board film "The Balancing Act" will become a part of that teaching program.

Altogether, 1/3 of our meals are eaten away from home, so the foodservice field is a vital one. It is made up of many segments — served by different magazines for which Botsford Ketchum prepares tailored stories, photos and recipes that suit each one's specialized needs. The low calorie theme is stressed as much as possible. Knowing that thousands of people order "the diet plate" every day — a plate with no potatoes, the Board researched the industry to find out what could be done. Out of this research came one of the most exciting promotions yet. The Slender Gourmet. For the Board, the agency went to the Marriott people and sold them on putting a diet plate with potatoes on Marriott menus. Concepts were developed. Recipes were developed. The agency checked nutrition values and calorie counts (only 450) -- then produced beautiful table tents and menu clip ons to help make the program a success for Marriott. Other restaurant chains have now read of this success in the industry's leading magazine — to learn how they can profit with potato diet plates.

All of us who are involved in the Potato Board programs continue to look for new ways to express the complicated facts of nutrition. Out of this search, has come an important new look that will be published in the spring of 1978, The Fat Counter Guide.

This is truly nutrition made simple. It has great consumer appeal, yet teaches some very important lessons that will enable dieters to make more intelligent food choices. The Guide will contain a new kind of calorie table that will help people see how many of their calories actually come from carbohydrate, how many from fat.

These are just a few examples of the ways we've found to make our potato nutrition message interesting, understandable, believable, meaningful, memorable, and even fun.

(I do not have them with me but if the Subcommittee will permit, I would like to submit sample materials from these projects.)

We have used promotional tools and techniques to deliver a message through almost all possible existing communications channels — a message that would change the way hundreds of thousands would think about food — and eat.

Lets look at the results.

They are given in more detail in an exhibit titled "Brief of Campaign Effectiveness" which I have submitted with the written statement.

Here's where research checks on program effectiveness. When we compare the attitudes found in 1973 with those after the first two years of the campaign, we found the potato's nutrition and calorie image greatly improved. 81% of those surveyed agreed that potatoes are nutritious compared with only 55% in 1973. At the beginning nearly a third interviewed thought that potatoes had too many calories but 2 years later that was down to 25%. Consumers now accept potatoes as among the 3 most nutritious vegetables.

Consumers now overwhelmingly view potatoes as the most nutritious of the starches — noodles, pasta, rice.

This highly visible campaign has cost much less than you'd think.

Actually, the potato grower pays one cent per 100 pounds of potatoes into the program. And if he wants to get his money back, all he has to do is say so. Our budget for the entire promtoion package has been from 1.2 to 1.5 million dollars per year.

So, it can be done!

We can teach nutrition facts.

Why aren't these techniques being used to get other vital nutrition messages across to the public?

Let's consider —

First, to produce tools like these takes highly experienced professionals.

It's difficult to get down to these easy-to-understand basics. What you have seen in this program is some of the most sophisticated communications in America, and it's done by a team that is subject to the rigorous discipline of business.

Economy of time. Economy of space. Economy of dollars. Economy of thought.

These restrictions make us hone down to essences that people can understand and act upon. The more restricted we are, the clearer we become. I don't see this being done outside the commercial world. I think it's a job we do better than any other sector because we are commercial.

But the communicators and promotion people can't possibly do the job without the expertise of the health professional. We need the facts from him before we can translate and disseminate that information to the public.

There are still some nutrition professionals and some health professions that seem to think they're the only ones who are competent to understand and handle this subject.

What about the public -- the people who eat? Where do they fit into that kind of elite scheme?

Maybe you think that nutrition is only government's business. I hope not. I think it's the business of everyone -- especially those who have to do with food and with health.

For a topic that's been as dull and unpopular as nutrition, it's certainly being treated by many different groups as if it were their special and sole property, each of whom has wanted to fence it in as their own, with signs, "Keep out!"

The American public has been the loser.

We should have been working together long before now.

It's not to late.

Programs must have input from all sectors and must reach out to all those who teach -- formally in the classroom and those who teach in other places: editors and home economists, dietitians and copywriters, broadcasters and doctors, supermarket operators and public health nurses, to give just a few examples.

The more people, groups, professions, business, government, voluntary and consumer organizations involved -- the better.

We need to put know-how and knowledge together. Public and business interests together. Together we have the ability to produce exciting, effective materials that will teach.

With this kind of partnership and cooperation we can "sell" nutrition and make it possible for Americans to make informed food choices by "improving the consumers' access to information vital to the national health and well-being."

Thank you.

(Attachments to Ms. Marks' statement follow:)

1976 EFFIE AWARDS: BRIEF OF CAMPAIGN EFFECTIVENESS

THE POTATO BOARD
BOTSFORD KETCHUM INC.

MARKETING SITUATION

The Potato Board is a Federal Agricultural Marketing Order funded by over 15,000 potato growers throughout the United States. The Board is composed of 86 grower members elected yearly to represent the industry and supervise the work of their staff and agency. The Board is concerned with the generic promotion of potato products in all forms including fresh, frozen, dehydrated and potato chips, with the goal of increasing consumer demand for all potato products.

As the first step in developing a marketing program, a national attitude and usage study was conducted in early 1973. This base study revealed the key marketing problems faced by all potato products at that point in time:

1. Potatoes were perceived by 34% of consumers as "too fattening." This perception was the primary reason given for low or reduced consumption of potatoes and potato products.
2. Potatoes were felt to be "nutritious" by only 55% of consumers. Those who did not feel potatoes were nutritious tended toward lower consumption.
3. Potatoes were credited with being a good source of vitamins and minerals by only 35% of consumers. Those consumers who felt potatoes were a good source of vitamins and minerals tended to be heavier consumers of potato products.
4. The negative feelings toward potatoes was being fueled by uninformed opinion leaders, including fad diet advocates, editorial leaders, doctors, dietitians and home economists.

MARKETING OBJECTIVES

The Potato Board marketing effort is unique because it's objectives and programs are designed to increase the generic consumption of an entire food category regardless of brand name or form (frozen, dehydrated, fresh or chips). The marketing program and its results, therefore, must be judged on a new marketing dimension: generic or category growth contribution versus brand share or volume. With this in mind, the marketing objective for The Potato Board program is as follows:

> To improve consumer attitudes and increase demand for all potato products by correcting those factors which restrict consumption. Specifically those factors are:
>
> 1. The mistaken belief among many consumers that potatoes are fattening and non-nutritious.
> 2. The spread of these misconceptions by unknowledgable doctors.
> 3. The growing popularity and media support of fad diets that encouraged high protein and low carbohydrate consumption.

COMMUNICATIONS STRATEGIES

The Potato Board campaign has been a combination of several specific programs utilizing both advertising and public relations. The strategy and tactical elements for each of these programs follows:

1. Consumer Strategy - To convince light and medium users that potatoes are low in calories and a nutritious source of important vitamins and minerals. These efforts are concentrated against female heads of household, age 18 - 49, residing in major metropolitan areas. This primary target audience had the least favorable attitudes toward potatoes and the highest concentration of light and medium users. This strategy has been carried out through the following tactics:

    -- Network television advertising;
    -- Spot TV advertising in the top 25 markets;
    -- Advertising in national women's magazines;
    -- Development and consumer distribution of The Potato Lovers Diet Cookbook;
    -- Development and consumer distribution of fact booklets on potato nutrition, handling and storage;
    -- Placement of articles and recipes in women's magazines, newspapers and broadcast appearances by home economists representing the Board.

- 1976 EFFIE AWARDS: BRIEF OF CAMPAIGN EFFECTIVENESS

THE POTATO BOARD
BOTSFORD KETCHUM INC.

2. Doctors and Dietitians Strategy - To convince doctors and dietitians to advise their patients that potatoes should be included in any reducing diet as a low fat, low calorie, highly nutritious food. The tactics for this program includes:

   -- Magazine advertising in technical/profession publications;
   -- Attendance and participation in conventions of the American Dietetic Association and the American Public Health Association;

3. Nutritionist Strategy - To convince nutritionists to combat the fad diets and misconceptions which were hurting the American Dietary. This program includes:

   -- Magazine advertising in technical publications read by nutritionists;
   -- Sponsoring of nutrition seminars and workshops;
   -- Founding and administering the National Nutrition Exchange;
   -- Contests and other programs to help local nutrtion councils become more effective in working with the press.

4. Home Economist Strategy - To get the teachers of home economics to teach their students the facts about potatoes. This program includes:

   -- Advertising in magazines reaching the teacher of home economics;
   -- Development and distribution of lesson plans and contests for home economic teachers and their students;
   -- Participation in home economics conventions;
   -- Menu puzzle development which provides nutrition lessons for school children tied in with the school lunch program.

5. Food Editor Strategy - To obtain factual coverage of the potato in the press so as to combat fad diets and correct the misconceptions about potatoes. This strategy was approached through a public relations campaign including:

   -- Food page editorial releases to magazine and newspaper food editors;
   -- Organization of food editor seminars and workshops conducted by nutrition experts and sponsored by the Potato Board.
   -- Major market tour of a leading diet authority who talked with food editors of newspapers and appeared on TV and radio programs.

• 1976 EFFIE AWARDS: BRIEF OF CAMPAIGN EFFECTIVENESS

THE POTATO BOARD
BOTSFORD KETCHUM INC.

Page Four

EVIDENCE OF RESULTS*

The Potato Board program has been far more successful than either the Board or the Agency deemed possible. In only two years, posititive attitudinal changes of major proportion have taken place and consumption improvements have resulted.

1. Consumer attitudes have greatly changed as a result of The Potato Board's advertising and public relations campaign. In July of 1975, the attitude and usage study conducted in 1973 was repeated. These two studies provide a two year attitudinal shift on the key attitudes The Board has attempted to change.

	% of consumers who agree		
Statement	1973	1975	Positive Change
Potatoes have too many calories	32%	25%	+22%
Potatoes are nutritious	56%	81%	+45%
Potatoes are rich in vitamins and minerals	36%	67%	+86%
Potatoes are a good source of Vitamin C	10%	22%	+120%

2. The strategy of targeting efforts against light and medium users in an effort to broaden the base of medium and heavy users has worked. The following table highlights the changes that have taken place in the makeup of light, medium and heavy users of fresh potatoes since 1973.

	% of total sample		% of total consumption	
	1973	1975	1973	1975
Light Users	68%	57%	43%	32%
Medium Users	29%	36%	49%	54%
Heavy Users	3%	6%	8%	14%

3. Reported in-home consumption for both fresh and processed potatoes has increased significantly since 1973. The 1975 research study showed fresh potato consumption up 15% versus 1973, signaling the end of a twenty year decline in fresh consumption. Processed potato serving frequency has risen 22%.

*Note: The 1975 research study from which results are taken was done by Haug Research Associates, an independant market research firm. Copies of this study are availabe from either Haug or The Potato Board.

Mr. RICHMOND. We again thank you for coming, Ms. Marks. We intend to have a national program to actually give people nutrition education they so badly need.

The next witness is Mr. Ralph Borsodi from the American Association of Retired Persons.

Mr. Borsodi, excuse me, I have to go vote on the floor and Mr. McHugh will return in a few minutes. I am sorry that this has to happen this way, but that is how it is around here.

[Recess taken.]

Mr. McHUGH [acting chairman]. Mr. Borsodi, I gather you are the next witness. You understand the problem, I am sure. We have a vote in progress, but, in the interest of saving time why don't we proceed. I am sure the others will be returning as we go on.

[The prepared statement of Mr. Borsodi follows:]

STATEMENT OF MR. RALPH BORSODI, AMERICAN ASSOCIATION OF RETIRED PERSONS; ACCOMPANIED BY: DR. THOMAS W. ELWOOD, LEGISLATIVE REPRESENTATIVE OF NATIONAL RETIRED TEACHERS ASSOCIATION AND AMERICAN ASSOCIATION OF RETIRED PERSONS

Mr. Chairman:

I am Ralph Borsodi, a retired economist and consultant to the eleven million member National Retired Teachers Association and American Association of Retired Persons. Our members are pleased to have this opportunity to comment upon the government's role in nutrition education.

The 1971 White House Conference on Aging recognized the need to develop health education programs for the aged. NRTA-AARP responded to this challenge by producing a series of programs on specialized health topics. The selection of topics was based upon: a survey of our members' needs; a survey of recognized health experts throughout the nation; and a review of morbidity and mortality data.

The subject of nutrition was prominently mentioned in each of these forms of assessment. When it came time to design the program, however, it was immediately evident that existing educational materials such as films were quite inadequate because they did not deal with issues relevant to older persons.

We have since remedied this shortcoming by working with the Society for Nutrition Education in a co-production of the first film directed toward the nutritional needs of this age group. Supplementary printed materials that bear this particular orientation are also available to participants at our revised nutrition education program.

While we are quite pleased with our accomplishments in this area, we are cognizant of our limitations in attempting to reach the entire segment of the population aged 65 years and older. We presently have the capacity to reach 50,000 to 100,000 in group settings each year. This is in addition to eight other health education programs which we make available to the general public at no charge. Thus, we know that even though we communicate with a considerably large audience we are also aware that a substantial portion of the 23 million who comprise this age group must be reached by other means.

The need for nutrition education can be demonstrated by citing some of the health problems which confront older persons. Foremost among these are cardiovascular disease, diabetes, and arthritis. In each case, a well-balanced diet is essential either to forestall the onset of disease or to reduce its severity through careful weight management. Some tables which illustrate the need for medical care appear in the appendix.

In general, these tables show that in comparison to younger age groups older persons: are hospitalized more frequently; tend to stay for longer periods when hospitalized; have more physician visits; and are much more limited in their ability to work, keep house, or engage in other major activities fundamental to daily living. One of the consequences of this increased disability and use of health care resources is the expenditure of large sums of money.

The Medicare program was designed to protect the aged against the high costs associated with acute hospital and medical care. The various deductibles, co-payments, and co-insurance provisions of Parts A and B of Medicare still make it necessary, however, for members of this age group to spend large amounts of money to obtain needed health care. The burden is increased by the necessity to purchase supplementary health insurance from private sources to defray the costs of services not covered by Medicare. Finally, there are the out-of-pocket expenses for which few individuals have any coverage whatsoever.

The net result of these expenditures is that older persons pay more for health care than their younger counterparts. In fiscal year 1976, for example, the medical expenses for those under age 19 averaged $249. Of those aged 19 through 64, expenses more than doubled to $547. This contrasts with the 65 and over age group which had an average health bill of $1,521. Despite various forms of third party coverage, the aged still had to pay an average of 26 percent or more than $400 out-of-pocket (see appendix).

The high costs of health care come at a time when some of the sharpest increases have also occurred for food, housing, and transportation. These four items together account for about $4 out of every $5 in an aged family's budget. Depending upon the size of one's budget, the Bureau of Labor Statistics allocated 78 to 84 percent to food, housing, transportation and medical care. From September 1972 to September 1976 the overall Consumer Price Index increased by 37.6 percent. The aforementioned items with the greatest impact on the aged all rose at a faster rate. Food, for example, increased at a level of 45.6 percent.

Two points should be evident from the information just presented. The first is that progression through the age spectrum is often accompanied by an increase in disease and disability. Oftentimes, the prescribed treatment involves a dietary regimen. Patients are usually required to monitor their daily intake of substances such as salt, sugar, and cholesterol in order to obtain the most satisfactory results from treatment.

The infirmities of old age are sometimes accompanied by more complex problems which pose challenges of a different nature. Loneliness resulting from the death of a spouse and the absence of grown children from the home may remove the incentive to prepare adequate meals at regular intervals. The two million widowers in our society represent a group that may need special attention. Inability to walk and move around properly also make it difficult to go food shopping and prepare meals.

A table in the Appendix gives some indication of the lack of dental care among this age group. About one-half of the aged have no natural teeth. About six percent of these edentulous persons have no false teeth, four percent have an incomplete set, and 13 percent have a set but do not use it all the time. Even among those with false teeth who use them all the time, 27 percent report that their dentures need refitting or replacement. Factors such as lack of dental care have a strong impact on nutritional status and may contribute to an increase in the severity of health problems.

The second point is that older persons have to be most careful about how they spend their limited funds. Since they do not have much money to spend for food, they need to be certain that what they spend represents the wisest purchase. As we have learned from our own program activities during the last five years, many aged persons need assistance in the form of nutrition education to enable them to make the wisest use of their health care dollar.

It is not always a simple matter to obtain reliable nutrition information. Many patients rely on their private physicians, but most practitioners have had no formal training in this area. A related shortcoming in medical training is the lack of exposure to pharmacological concepts which pertain to older patients. Of the nearly 20 million Medicare beneficiaries who use drugs, the average number of prescriptions per user is slightly in excess of 17.

Since an older patient often has to see one or more specialists, a situation develops in which physicians are prescribing independently of one another. Some of the prescribed substances have the potential to interact negatively with one another to the detriment of the patient's health. A related consideration is that certain foods or food supplements such as vitamins may also play a role in these negative interactions. Patients must be informed about the likelihood of these mishaps occurring so that they can learn to adjust their diets accordingly.

While developing plans for a new program on physical fitness, we conducted a survey among older persons who attended our health education programs. We found that most participants were females who were overweight by some 40 - 60 pounds. Many older persons who wish to lose weight go to their neighborhood drugstore or bookstore to buy a book on dieting. Once there, they are confronted by a bewildering array of books on the subject. Most of these have been written by physicians.

It is difficult to decide which, if any, of these publications is worthwhile. What appears to be needed is some form of seal of approval by a reputable private or public entity in the nutrition field. The same might be said of other sources of nutrition information. Consumers need assistance in winnowing out the good from the bad.

The federal government has played a related role through its Food and Drug Administration. Unfortunately, the F.D.A. has not always been viewed as a credible source. The recent controversy over saccharin is illustrative of the furor that can be raised over the pronouncements of a federal agency.

Our Associations have some familiarity with the strong sentiments that can be engendered over such issues. A few years ago, we supported the F.D.A.'s efforts to label vitamin products. Many of our members opposed this position and wasted no time informing us of their opposition.

The nutrition activities of the federal government are too diffuse at this juncture. While we are aware that various agencies undertake nutrition education activities, there appears to be too much fragmentation. Our general impression is that there is no clear-cut governmental policy in this area.

Furthermore, we are strongly of the opinion that a policy should be developed.

Our testimony has indicated some of the reasons why we feel nutrition education is necessary for this age group. Our own experiences in developing and presenting a national program have shown us that we can do only a limited amount in this regard. It is our hope that the federal government will play a stronger role.

Meanwhile, we shall continue our nutrition education activities. We recently funded a research project at Arizona State University. The purpose of this research is to test the effectiveness of a combination nutrition education-physical fitness program in improving cardiovascular health. We shall be glad to share with the staff and members of this subcommittee the results of this investigation as soon as they are compiled.

Finally, we would like to express our appreciation for being able to participate in these hearings. We pledge our full support in helping to implement whatever recommendations are made which involve the private sector.

(Tables attached to Mr. Borsodi's statement follow. Additional attachments are held in the subcommittee file.)

Table 1. Total population and number and percent distribution of persons by age and sex, according to chronic activity limitation status: United States, 1974

Sex and age	Total population	With no limitation of activity	With limitation of activity: Total	Limited but not in major activity[1]	Limited in amount or kind of major activity[1]	Unable to carry on major activity[1]
	Number of persons in thousands					
Both sexes						
All ages	207,344	178,052	29,292	7,296	15,078	6,919
Under 17 years	62,958	60,652	2,305	1,106	1,064	136
17-44 years	80,782	73,633	7,149	2,606	3,704	838
45-64 years	42,864	32,536	10,327	2,219	5,715	2,393
65 years and over	20,741	11,230	9,511	1,365	4,594	3,552
Male						
All ages	100,030	85,755	14,275	3,575	5,591	5,109
Under 17 years	32,080	30,796	1,284	603	600	81
17-44 years	38,952	35,384	3,568	1,445	1,567	556
45-64 years	20,420	15,260	5,160	1,112	2,135	1,913
65 years and over	8,578	4,315	4,263	416	1,288	2,559
Female						
All ages	107,314	92,297	15,017	3,720	9,487	1,810
Under 17 years	30,878	29,856	1,022	503	464	55
17-44 years	41,829	38,249	3,580	1,161	2,137	282
45-64 years	22,444	17,277	5,167	1,107	3,580	480
65 years and over	12,163	6,915	5,248	949	3,306	993
	Percent distribution					
Both sexes						
All ages	100.0	85.9	14.1	3.5	7.3	3.3
Under 17 years	100.0	96.3	3.7	1.8	1.7	0.2
17-44 years	100.0	91.2	8.8	3.2	4.6	1.0
45-64 years	100.0	75.9	24.1	5.2	13.3	5.6
65 years and over	100.0	54.1	45.9	6.6	22.1	17.1
Male						
All ages	100.0	85.7	14.3	3.6	5.6	5.1
Under 17 years	100.0	96.0	4.0	1.9	1.9	0.3
17-44 years	100.0	90.8	9.2	3.7	4.0	1.4
45-64 years	100.0	74.7	25.3	5.4	10.5	9.4
65 years and over	100.0	50.3	49.7	4.8	15.0	29.8
Female						
All ages	100.0	86.0	14.0	3.5	8.8	1.7
Under 17 years	100.0	96.7	3.3	1.6	1.5	0.2
17-44 years	100.0	91.4	8.6	2.8	5.1	0.7
45-64 years	100.0	77.0	23.0	4.9	16.0	2.1
65 years and over	100.0	56.9	43.1	7.8	27.2	8.2

[1] Major activity refers to ability to work, keep house, or engage in school or preschool activities.

NOTE: For official population estimates for more general use, see U.S. Bureau of the Census reports on the civilian population of the United States in *Current Population Reports,* Series P-20, P-25, and P-60.

Table A. Number and rate of discharges and days of care and average length of stay for patients discharged from short-stay hospitals, by age and sex: United States, 1975

[Excludes newborn infants and Federal hospitals]

Age	Both sexes	Male	Female	
			Including deliveries	Excluding deliveries
	Number of discharges in thousands			
All ages	34,043	13,519	20,523	17,389
Under 15 years	3,826	2,143	1,682	1,664
15-44 years	14,171	4,107	10,064	6,954
45-64 years	8,381	3,870	4,522	4,518
65 years and over	7,664	3,399	4,296	4,296
	Rate of discharges per 1,000 population			
All ages	162.8	134.0	189.7	160.7
Under 15 years	71.5	78.6	64.1	63.4
15-44 years	155.4	92.8	214.6	148.3
45-64 years	194.7	188.3	200.5	200.2
65 years and over	359.3	386.9	339.9	339.9
	Number of days of care in thousands			
All ages	262,389	111,414	150,974	133,480
Under 15 years	17,564	9,964	7,600	7,519
15-44 years	80,887	28,058	52,829	40,289
45-64 years	75,393	34,937	40,456	40,423
65 years and over	88,754	38,465	50,289	50,289
	Rate of days of care per 1,000 population			
All ages	1,254.9	1,104.4	1,395.2	1,279.8
Under 15 years	328.0	364.8	289.7	286.6
15-44 years	886.1	633.9	1,122.1	858.3
45-64 years	1,748.9	1,699.9	1,783.6	1,782.1
65 years and over	4,165.9	4,379.0	4,016.4	4,016.4
	Average length of stay in days			
All ages	7.7	8.2	7.4	8.0
Under 15 years	4.6	4.6	4.5	4.5
15-44 years	5.7	6.8	5.2	5.8
45-64 years	9.0	9.0	8.9	9.0
65 years and over	11.6	11.3	11.8	11.8

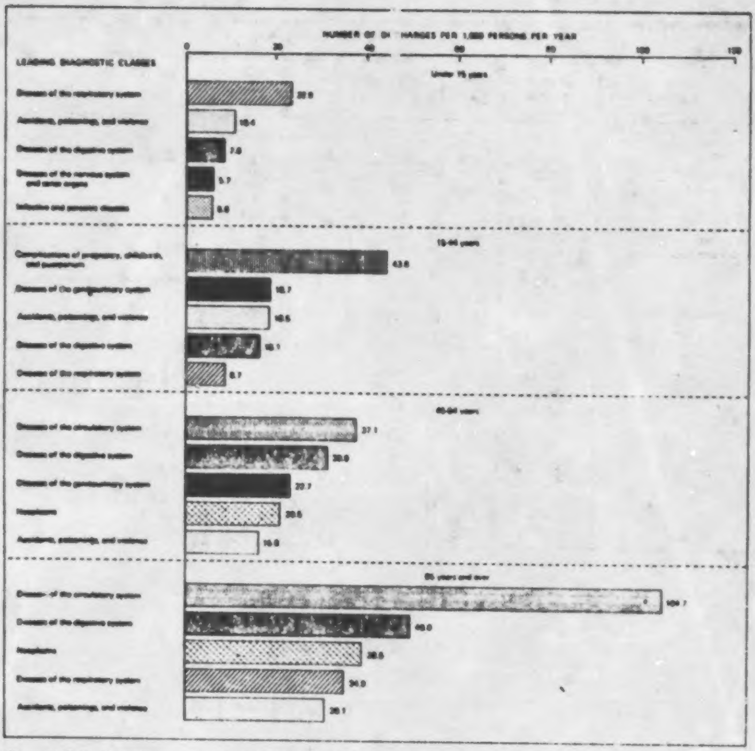

Figure 1. Rate of discharges for patients discharged from short-stay hospitals, by the leading ICDA diagnostic classes and age: United States, 1975

Table 1. Number, percent distribution, and annual rate of office visits by age of patient, according to patient's sex and color: United States, May 1973-April 1974

Sex and color	Number of visits in thousands	Total, all ages	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
		Percent distribution					
All patients	644,893	100.0	19.4	15.4	24.7	24.9	15.5
Male	253,285	100.0	26.1	13.6	20.1	25.4	14.9
Female	391,608	100.0	15.1	16.6	27.8	24.6	16.0
White	575,881	100.0	19.5	15.1	24.1	25.1	16.2
Male	228,577	100.0	26.2	13.6	19.7	25.2	15.2
Female	347,304	100.0	15.0	16.1	27.1	25.0	16.8
All other	69,013	100.0	18.6	18.2	29.8	22.9	10.4
Male	24,709	100.0	24.4	13.7	23.5	26.7	11.7
Female	44,304	100.0	15.4	20.8	33.4	20.7	9.7
		Number of visits per person per year					
All patients	644,893	3.1	2.3	2.6	3.2	3.8	4.9
Male	253,285	2.5	2.3	1.9	2.1	3.2	4.5
Female	391,608	3.7	2.2	3.4	4.2	4.3	5.2
White	575,881	3.2	2.4	2.7	3.1	3.8	5.0
Male	228,577	2.6	2.5	2.0	2.1	3.2	4.6
Female	347,304	3.7	2.3	3.4	4.1	4.3	5.3
All other	69,013	2.6	1.5	2.4	3.4	3.7	4.0
Male	24,709	2.0	1.4	1.3	2.1	3.4	3.7
Female	44,304	3.2	1.6	3.3	4.3	4.0	4.2

TABLE 5.—Amount and percent of expenditures for personal health care financed through third parties for two age groups, selected fiscal years

Source of payment	Amount				Per capita				Percent			
	1966	1974	1975	1976	1966	1974	1975	1976	1966	1974	1975	1976
	All ages											
Amount: 1/ Total	$36,316	$91,315	$105,303	$120,431	$181.96	$425.15	$488.23	$551.50	100.0	100.0	100.0	100.0
Direct payments	18,660	32,988	35,313	39,099	93.70	153.90	164.15	178.05	51.5	36.1	33.6	32.5
Third-party payments	17,360	58,327	70,102	81,332	88.17	271.25	324.08	373.45	48.5	63.9	66.4	67.5
Private health insurance	8,836	23,050	26,096	31,359	44.90	107.32	120.17	143.61	24.7	25.2	25.4	26.0
Government	7,882	34,056	41,966	48,417	39.65	158.56	193.36	221.72	21.8	37.3	39.7	40.2
Other 1/	730	1,220	1,331	1,556	3.62	5.68	6.15	7.11	2.0	1.3	1.3	1.3
	Under age 65											
Amount: Total	$27,974	$67,136	$75,913	$85,578	$134.96	$363.07	$388.79	$417.83	100.0	100.0	100.0	100.0
Direct payments	14,286	26,217	27,719	29,856	70.13	135.06	142.70	152.74	53.1	39.0	36.5	34.9
Third-party payments	13,688	40,920	48,196	55,724	65.83	232.01	246.10	265.09	48.9	61.0	63.5	65.1
Private health insurance	7,627	21,670	25,296	29,683	42.25	112.13	130.21	150.80	27.3	32.3	33.3	34.5
Government	5,432	18,130	21,605	24,913	30.09	93.96	111.63	126.96	19.6	27.0	28.6	29.0
Other 1/	629	1,111	1,295	1,418	3.48	5.76	6.25	7.20	2.2	1.7	1.6	1.7
	Aged 65 and over											
Amount: Total	$8,362	$24,179	$29,390	$34,853	$445.25	$1,188.56	$1,355.72	$1,521.96	100.0	100.0	100.0	100.0
Direct payments	4,382	6,772	7,036	9,244	236.72	308.75	350.77	403.53	53.2	28.0	26.1	26.5
Third-party payments	3,880	17,407	21,990	25,608	208.52	798.78	986.96	1,117.83	46.8	72.0	73.9	73.5
Private health insurance	1,209	1,371	1,600	1,866	70.71	62.96	71.45	81.65	15.0	5.7	5.6	5.4
Government	2,480	15,927	20,281	23,605	132.90	730.85	908.10	1,039.38	30.0	65.9	68.0	67.7
Other 1/	91	109	110	138	4.92	5.00	5.20	6.05	1.1	.5	.4	.4

1/ Includes spending by philanthropic organizations and for industrial in-plant health services.

Table 6. Dental visits per 1,000 noninstitutionalized persons 65 years and over, percentage with dental visit within year, and percentage with no natural teeth, 1975

Age group 65 years and over	Both sexes	Men	Women
	Dental visits per 1,000 persons [1]		
All ages, 65 and over	1,153.6	1,365.3	1,004.9
65–74	1,330.5	1,537.1	1,172.3
75 and over	845.5	1,019.6	741.0
	Percent of persons with dental visit within year [1]		
All ages, 65 and over	30.3	30.0	30.6
65–74	34.7	32.8	36.2
75 and over	22.7	24.4	21.7
	Percent of persons with no natural teeth [2]		
All ages, 65 and over	50.7	49.0	52.0
65–74	45.2	45.0	45.4
75 and over	59.8	56.3	62.2

[1] Unpublished data from Health Interview Survey, National Center for Health Statistics.

[2] From Edentulous Persons. Vital and Health Statistics Series 10, No. 89. DHEW Publication No. (HRA) 74-1516. U.S. Government Printing Office, Washington, D.C., 1974.

Table 7. Discharges and days of care per 1,000 noninstitutionalized persons and average stay of persons 65 years and over discharged from non-Federal short-stay hospitals, 1974

Age group 65 years and over	Both sexes	Men	Women
	Hospital discharges per 1,000 persons		
All ages, 65 and over	346.2	371.5	328.1
65–74	291.0	320.2	268.1
75 and over	442.6	474.1	423.5
	Hospital days per 1,000 persons		
All ages, 65 and over	4,107.0	4,273.8	3,984.0
65–74	3,274.3	3,555.9	3,052.5
75 and over	5,562.7	5,712.1	5,466.6
	Average length of stay in days		
All ages, 65 and over	11.9	11.5	12.1
65–74	11.3	11.1	11.4
75 and over	12.6	12.0	12.9

SOURCE: Utilization of Short-Stay Hospitals. Annual Summary for the United States, 1974. Vital and Health Statistics Series 13, No. 26. DHEW Publication No. (HRA) 76-1777. U.S. Government Printing Office, Washington, D.C., 1976.

Mr. McHugh (acting chairman). Thank you, Mr. Borsodi. As you know, we have a great deal of contact with your association and you do a fine job. It is particularly impressive that you are able to reach 50 to 100,000 people, which you mentioned in your testimony. I think that is certainly an advantage to the elderly in our country.

Mr. Elwood, did you have any comments?

Mr. Elwood. No sir, I have no comments.

Mr. McHugh. Thank you.

Our last two witnesses for the day will be Dr. Alex Hershaft and Ms. Nellie Shriver.

We would like for both of you to come up and testify as a panel.

Dr. Hershaft, you may proceed.

VEGETARIAN INFORMATION SERVICE, INC.

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PUBLIC INFORMATION ON MEATLESS NUTRITION

A Statement Presented Before the Subcommittee
on Domestic Marketing, Consumer Relations, and Nutrition
Committee on Agriculture, U.S. House of Representatives
28 September 1977
by Alex Hershaft, Ph.D., President
Vegetarian Information Service, Inc., Washington, DC

Mr. Chairman and Distinguished Members of the Committee:

My name is Alex Hershaft and I am President of the Vegetarian Information Service, Inc., a non-profit organization seeking to educate the general public on the merits of a meatless diet. I hold a Ph.D. in chemistry and I am currently employed as Director of Environmental Programs for a Washington consulting firm. I welcome this opportunity to appear before you for the purpose of presenting our position on the need and means of improving our nutrition education, in general, and public knowledge of meatless nutrition, in particular.

Without doubt, much nutritional research still remains to be done. Past results of epidemiological and clinical studies have been clouded by genetic and environmental variables and controlled animal experiments have been difficult to translate into the human experience. New animal feed and food processing additives have served to complicate interpretation of available results even further.

Nevertheless, enough is already known about the consequences of dietary choices to afford us the opportunity of prolonging and improving the lives of millions of our citizens by recommending drastic changes in American dietary habits. This, indeed, was the conclusion reached by the Senate Select Committee on Nutrition and Human Needs in releasing its momentous report on "Dietary Goals for the United States," in the face of bitter political repercussions. This is why your own effort to improve nutrition education is so timely and so worthy of praise.

Two Phases of Nutrition Education

There are two phases of nutrition education that require our attention:

- Integration and interpretation of scattered and sometimes conflicting research results and their translation into useful dietary guidelines
- Promotion of these guidelines among the nutritional and medical profession, the food industry, and the general public.

Performance of the first phase is an extremely sensitive undertaking, because of the long-standing biases in this field and the powerful vested interests of various segments of the food growing and processing industry. For this reason, the panel formulating dietary guidelines must have thorough knowledge of the pertinent nutritional and medical research, broad representation of diverse nutritional philosophies, and strong moral fiber to vote on their best technical judgment, in the face of attacks from commercial interests. The panel should probably be assembled under the aegis of the U.S. Congress and isolated to the extent possible from outside pressures. Consideration should be given to periodic revisions of the guidelines, as additional evidence becomes available.

If the panel's findings engender sufficient credibility in the first phase, the attendant publicity will provide an important start toward promotion of the guidelines. The agency charged with the promotional effort should communicate with the nutritional and medical professions and with the food industry through a series of succint technical reports on selected nutritional topics and regional seminars that would afford the opportunity for more extensive consultations. The general public could be addressed through public service announcements and brief tracts couched in lay terms. The latter could be distributed through schools, libraries, medical offices, and food program offices. Responsibility for implementing this phase could be assigned to the Food and Consumer Services of the U.S. Department of Agriculture, if the present enlightened leadership can be expected to continue.

The remainder of this statement focuses on meatless nutrition, a crucial aspect of nutrition education that is now receiving well deserved recognition.

Meatless Nutrition

In recent years, there has been mounting epidemiological and laboratory evidence that excessive consumption of animal meat and fats is associated with high incidence of heart disease, stroke, cancer of the bowel and breast, diabetes, gout, osteoporosis, and a host of infectious diseases. Some of this evidence has been reviewed and confirmed by the long list of distinguished witnesses before the Senate Select Committee on Nutrition and Human Needs and the attendant survey of some 300 of the world's leading medical researchers and practitioners. The Committee was sufficiently alarmed by the testimony to release its report on dietary goals despite the expectation of highly adverse political consequences. You will recall that the report promulgated six dietary goals and seven recommended changes to achieve these goals. The two foremost recommendations were to reduce the consumption of meat and increase the consumption of fruit, vegetables, and grains.

At the same time, nutritional studies undertaken ove the past 20 years at Harvard and Loma Linda Universities and other research institutions revealed that individuals on a meatless diet obtain more than the required minimum daily requirements of nutrients, display lower body weight and plasma cholesterol level than their meat-eating counterparts, and exhibit greater endurance for physical activity. These findings led the conservative Food and Nutrition Board of the National Academy of Sciences to issue a proclamation endorsing the adequacy of a balanced vegetarian diet.

Naturally, the $35 billion meat industry and its apologists in the U.S. Department of Agriculture can not be expected to take kindly to these developments. Before the ink had dried on the Senate report on dietary goals, the American National Cattlemen's Association and its allies were beating the bushes in the home states of Senators McGovern, Dole, and Percy in a vain attempt to have the report withdrawn. In less trying times, the industry, under the leadership of the National Livestock and Meat Board, is content to mislead the public into consuming more meat through propagation of myths about the high nutritional value of meat, the superior quality of meat protein, and the need to rely on the four food groups.

Meat is indeed a valuable source of protein and iron, but little else. It is deficient in carbohydrates - the body's basic source of energy, in calcium - the building material for bones, and in most vitamins. Above all, meat also contains ample supplies of saturated fats; carcinogenic substances, such as nitrosamines, benzo(a)pyrene, malonaldehyde, methylcholanthrene, and pesticides; hormones, antibiotics, and other drugs; pathogenic organisms responsible for hepatitis, salmonellosis, toxoplasmosis, trichinosis, tuberculosis, and dozens of other infectious diseases; and body wastes, including adrenaline, lactic and uric acids, and urea.

The notion of superior quality of meat protein flies in the face of most available evidence and quite the opposite may well be true. For example, eggs, cheeses, nuts, seeds, and combinations of grains and legumes have either the same or higher protein content than meats, as well as an aminoacid pattern that matches closely that required by the human body. Moreover, vegetable sources of protein contain a host of other important nutrients, such as unsaturated fats, carbohydrates, minerals, vitamins, and fiber, but none of the harmful components of meat. Finally, production of vegetable protein uses only a small fraction of the land required for production of an equivalent amount of meat protein. Nuts and seeds can be grown on land that is not suitable for production of other crops. Sprouts and greens, which contain most required nutrients and can be grown indoors with minimal expertise, space, and cost, represent an ideal food supplement for our urban poor.

During World War II, the importance of a balanced diet was recognized by advising consumers to choose items for their diet from among 12 food groups, including the meat and the dairy group. However, under the intense political pressure of the meat and dairy interests, the 12 groups first became seven, and more recently, four. Meat and dairy products now constitute two of these groups, with the implication that they should provide half of the diet, while all other foods have been crowded arbitrarily into the other two groups. It is amazing how many honest nutritionists have fallen into this trap and continue to promote the meat and dairy interests by recommending the four food groups.

Conclusion

These examples illustrate the sad fact that nutrition education in the United States is governed by the commercial interests with sufficient clout to coopt government agencies and the necessary funds to hire the public relations apparatus, rather than by a consensus of the nation's best nutritional minds. This situation can not be allowed to continue and to degrade the health and welfare of the American people. I know that you want to turn it around and you will turn it around. You have made a good start in including Title XIII in the current Farm Bill. But you must persevere in overseeing its proper implementation and in focusing public attention on the dire need for appropriate nutrition education, as you are now doing. The vegetarian community and all other aware consumers will support you, because your cause is our cause, because it is just, because it is long overdue.

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NEWS RELEASE

FOR IMMEDIATE RELEASE

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CONTINENTAL RUN FOR BETTER HEALTH

Health, like the weather, is something everyone talks about, but few do anything about. John Peele and Brian Hassell, two young vegetarians in Florida, are attempting to change all that by running across the North American continent to promote better nutrition and health. Following a recent practice run from Daytona Beach on Florida's Atlantic coast, they plan to leave from Orlando on 1 October, World Vegetarian Day, and to reach Los Angeles on the Pacific coast 78 days later. Donations collected from supporters along the way will be used to promote nutritional research and education.

The two vegetarian athletes are planning to cover the 3000 miles by running an average of 40-50 miles per day, with occasional rest days. The route of the historic run will take them through Gainsville (3-4 October), Tallahassee (6-7 October), Mobile (14-15 October), New Orleans (18-24 October), Dallas (4-5 November), Roswell (N.M.)(15-16 November), Phoenix (1-5 December), and Riverside (Ca.)(13-15 December), with arrival in Ocean Park (Ca.) scheduled for 17 December. A van driven by Peele's wife Nancy will provide supplies and overnight accommodations. To demonstrate the virtues of a simple natural diet, the runners will subsist entirely on natural juices and sprouts.

Peele and Hassell are insurance executives in their late 20's who share an abiding interest in athletics, natural diets, and spiritual awareness. They founded the Run For America Foundation, Inc. (Box 3471, Orlando, Fl. 32802) as a non-profit organization to promote improved nutrition and health and to demonstrate the superior physical endurance conferred by a meatless diet and natural living. Donations and pledges of 1-10¢ per mile in support of the 3000 mile run are now being received at the Foundation's office.

The Run For America Foundation is the latest addition to the rapidly growing U.S. vegetarian movement which claims 10-12 million adherents and sympathizers. Vegetarians abstain from meat and fish out of concern for their health, world hunger, and the suffering of billions of animals slaughtered for food each year. The nutritional merits of reducing meat consumption were recently reaffirmed by the Senate Select Committee on Nutrition and Human Needs on the basis of statements by hundreds of nutritional and medical researchers and practitioners.

Mr. McHugh. [acting chairman]. Thank you very much.

Mr. Nick, would you like to deliver the statement for Ms. Shriver?

[The prepared statement of Ms. Shriver follows:]

STATEMENT OF MS. NELLIE SHRIVER, AMERICAN VEGETARIANS
PRESENTED BY BILLY DICK

How does the federal government educate now? The most extensive education is done by the Department of Agriculture, through the use of public service announcements. Historically and at present, the Department of Agriculture is a free public relations firm for animal products: meat and dairy products. Therefore, the federal government is now, through the millions of dollars of free media time donated yearly by radio and tv, promoting animal products, and in so doing, promoting WORLD STARVATION, DISEASES OF NUTRITION, AND ANIMAL SUFFERING.

Our group, American Vegetarians, applied in January of 1974 for fairness time to respond to extensive free promotion of meat and dairy products in USDA public service spots. 500 stations have responded by providing such time.

We believe that we are engaged in doing the job of the government, and that the government rather than our group should be offering people free nutrition education through public service spots. Further, we believe that the government and private educational groups should combine to break the monopoly on network tv public service spots exercised by the Advertising Council. The Advertising Council acts as a filter, screening out any potential spots which would hurt entrenched financial interests.

It is the responsibility of the government to inform people through public service spots, and through pamphlets produced on recycled paper, that meat and dairy products are high in animal fat, that they have been correlated to intestinal cancer, kidney disease, heart disease, food poisoning, death by choking, diabetes, and respiratory illnesses.

It is the responsibility of Health, Education and Welfare, of the Food and Drug Administration, Environmental Protection Agency, and the Department of Agriculture to inform people as to acreage yields of the foods we eat. People need to know that meat produces 10 to 1000 lbs per acre, that dairy products produce 2 to 10,000 lbs per acre, and that fruit produces 60 to 250,000 lbs per acre.

We also believe that the government should not allow commercial enterprises to flood the public schools with unfounded propaganda. The American Dairy Council inundates home ec teachers with pro dairy recipes, textbooks, pamphlets, etc.

These 4 agencies should also be doing mass education as to the relation between food and energy. People are not aware that the energy ratio of meat to fruit is several hundred to one... that meat comes from artificially inseminated animals who are fed and watered daily, given veterinary care, butchered at a cost of $30 an animal, refrigerated in the warehouse, truck, grocery, and home freezers. They should compare this to a fruit tree which they plant once. Sunlight, rain, and tree combine to give several thousand pounds of free food yearly.

There should be a national spot program to encourage fruit and nut tree forests in yards and parks. Congressman Richmond has made an impressive beginning with the million dollars allocated for the urban gardening program. He would be the first to say that this represents a drop in the bucket in comparison to the full weight of the federal bureaucracy supplied to meat and dairy interests.

Nutrition education programs should emphasize fruit, because it is our natural diet. We are not flesh eating tigers, nor tree-eating elephants. We are not lettuce eating rabbits. According to Linus Pauling, ~~and others such as~~ Da Vinci, Tolstoy, Shaw, Isaac Newton, and Pythagoras, only the fruit eating animals evolved speech. Our intestinal tract is the longest in the animal world. That of a carnivore is the shortest. There are many evidences anatomically of our fruitarian past. Fruit requires 1. the least energy in production 2. gives the highest acreage yield of all food 3. has the highest enzyme concentration 4. has the most natural bulk 5. has the most of our body's natural fuel which is fructose 6. provides the most self sufficiency in agriculture 7. provides a habitat for wildlife 8. promotes a tree-product economy which stabilizes the weather.

The theme of the government should be EAT FREE PLANT FRUIT TREES or EAT TREE PRODUCTS HELP FORESTS GROW. Free fruit tree saplings should be provided.

Our animal product economy has made us first in the world in intestinal cancer, heart disease, kidney disease, diabetes, etc etc. We are the richest nation on earth and only 35th in natural longevity. Our billions on research have only made a few doctors rich, while the millions continue to die in expensive hospitals. We need to return to the natural diet, and the government's responsibility is an education toward the public good.

(Attachments to Ms. Shriver's statement are held in the subcommittee file.)

Fruitarian Network a committee of American Vegetarians Box 4333 Wash 20012 301 270 3444

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	meat	dairy	vegetables	fruit
yield per acre	10-1,000	2 to 10,000	20 to 80,000 lbs	60,000 to 250,000 lbs
insecticide concentration	highest	2nd highest	2nd lowest	lowest
cholesterol	highest	30 mg to 250 mg	none	none
nitrogen burden on kidneys	highest	2nd highest	varies (soybeans high nitrogen load)	seeds and nuts some fruit very little
energy usage	highest	2nd highest	2nd lowest	can be no energy usage
refrigeration necessary	highest	2nd highest	2nd lowest	lowest
self sufficiency factor	most complex system	2nd most complex system	2nd highest self sufficiency	highest self sufficiency
ascorbic acid or vitamin C	none	none	some	very high (Linus Pauling based his vitamin C dosage on that natural in a fruitarian diet
natural bulk	none	none	some	high
animal suffering	very high	high	some in harvesting	some in commercial harvesting
plant suffering	highest*	2nd highest	3rd highest	lowest
brain diet enzymes	none	none	some	highest

* a 21,000 pound animal when butchered represents 21,000 lbs of plants which will be converted after his slaughter into 1,000 lbs of meat

Mr. McHugh (acting chairman). Let me take this opportunity to thank all of you who have participated in these first 2 days of hearings. Sometimes it is frustrating, I am sure, for witnesses to be interrupted by the bells and the members going in and out. Unfortunately, that's the way things are here and we hope you can appreciate that.

There are groups, I understand, that would like to submit their written statements subsequent to the recessing of these hearings. Our record will remain open until October 21, 1977, for any individuals or groups that would like to submit their statements or additional statements beyond what they have submitted here in these last 2 days.

We will then recess the committee until next Thursday, October 6, at 10 a.m. when we will receive testimony from the agencies which administer nutrition education programs.

Again, my thanks on behalf of all the committee members to those who took the time and trouble to be here and help us better understand this very serious problem.

Thank you.

[Whereupon the committee adjourned at 4:25 p.m.]

NUTRITION EDUCATION

THURSDAY, OCTOBER 6, 1977

House of Representatives,
Subcommittee on Domestic Marketing,
Consumer Relations, and Nutrition of the
Committee on Agriculture,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:30 a.m., in room 1301, Longworth House Office Building, Hon. Frederick Richmond (chairman of the subcommittee) presiding.

Present: Representatives McHugh, Panetta, Nolan, Baldus, Volkmer, Heckler, and Grassley.

Staff present: Glenda L. Temple, clerk; Ann Cole, Joseph R. Crapa, and Rita L. Di Simone.

Mr. Richmond. The subcommittee will come to order.

We would like to welcome you ladies and gentlemen to the continuation of the nutrition education hearings.

Public office is public trust and public trust is public responsibility.

Today this subcommittee is undertaking one of its most serious obligations: Oversight of the role of the Federal Government in nutrition education.

As administrators of the chief programs charged by legislative mandate with disseminating information about food and diet to the American public, you bear the trust and responsibility of providing consumers with information that is vital to their health and well-being.

You are, I am sure, familiar with the landmark study our subcommittee commissioned from the Library of Congress. That report, published in March of this year, revealed that the Federal Government is presently sponsoring 30 separate nutrition education programs in 11 agencies at a cost of upward to $70 million.

You also know that this report concluded that these programs were uncoordinated, repetitions, and even contradictory in their message. But to say this is to speak in an abstraction. What bearing does this conclusion have on the lives of Americans?

Last week the members of this subcommittee sought to translate this abstraction into a concrete reality. Breaking with tradition, we invited over 50 consumers, health professionals, scientists, educators, media specialists, public interest advocates, and community organizers to tell us their concerns about nutrition and their perception of the Federal effort in nutrition education.

Today it is our obligation to deliver their message to you who shape, guide, and administer these programs. According to our witnesses, there is no single, visible source of objective and useful information on food, diet, and health in our country. Only a few consumers are aware of Federal nutrition education programs. Those who are aware report that they have no idea where and how to find these sources. In the absence of reliable information, the public is turning to magazines, popular books, health food stores, and faddists for accessible, if dubious answers.

Consumers told us that they are not receiving guidance where, when, and how they want it—in supermarkets, in their children's classrooms, in their doctor's offices, and on their TV and radio waves. They want information wherever food is served, in [illegible] hool lunchroom, the office cafeteria, and the fast food restaurant. I[illegible]er words, they want it at the times and places they are faced with food decisions so they can make informed choices about their diets.

Consumers want direct answers to their questions about the nutrition controversies of the day. Most, we were told, have graduated beyond the elementary level of the basic four groups. Specifically, they want to know how much is enough meat, eggs, fat, and milk. They want the facts so that they can make up their own minds about cholesterol, sugar, salts, and additives.

Nutrition scientists from the national nutrition consortium and leading universities told us that we know enough now to advance from truisms such as "eat a balanced meal" to specific warnings about eating patterns that are detrimental to our health.

With consumers asking life and death questions about obesity, it is no longer sufficient that the Government print such turgid and unappealing tracts as "Food and Your Weight" which inanely advises that "persons who are considerably overweight probably should reduce."

For consumers concerned about cancer, heart attacks, and diabetes, pamphlets advising the consumption of fatty meats, eggs, and high caloric menues are hardly appropriate. In an age of sophisticated and seductive television commercials which peddle chocolate chip cookies as nutritious breakfasts and sugary drinks as the breakfast of astronauts, "Molly the Moo and Mulligan Stew" are ludicrous anachronisms.

Lacking supervision by the Federal Government, our school systems have become the propagators of industry advertisements masquerading as "nutrition education." First we abdicated control over the air waves to the food industry, now we are providing them with captive audiences in the classroom.

When we are spending over $5 billion to provide our poor and needy with the means of purchasing a nutritious diet, how can we excuse printing documents such as "Food for Thrifty Families" which we are told is written for a college-educated audience? With most of our population living in urban areas, how long can we afford the luxury of home visitations devoted to canning, curtain making, and cake decorating?

We hear much of professional expertise and the sanctity of research. But how long can we continue at public expense to indulge in research for its own sake? While Government scientists are rounding their statistics to the thousandth place, hundreds of thousands of our people are suffering and dying from diet-related diseases.

Whom, I demand to know, are we serving? Have we become so caught up in petty and provincial concerns that we have forgotten our greater responsibilities?

It is not my purpose today to point the finger of accusation. I am calling for action, not recrimination.

Let me take the remaining portion of my time to outline a few of the recommendations which consumers suggested to this subcommittee.

The scientific community must begin to formulate answers to controversial nutrition issues. These answers must then be translated into guidelines that are useful in the marketplaces, restaurants, and kitchens of our diverse population. We need to design information programs that will be appealing and motivate those with different levels of income and education. We must be both businesslike and creative in the way we provide nutrition education at the community level. The lectures, the home visitations, and the recipe demonstrations are not making a ripple on the pond in a country of 220 million.

We must cease viewing nutrition education as missionary work. We must reach people in ways which are relevant to their environment and experiences. Unless we collaborate with consumers to define the problems and find the best solutions, nutrition education will continue to have little influence on the eating habits of the public.

Before Congress will be willing to pour new dollars into the nutrition education pot, it will want assurance that we can spend the moneys now available more effectively. As administrators you and your agencies must demonstrate your willingness to make tough decisions in cleaning up your nutrition education house. You need to be in touch with the people; you need to be more sensitive to consumer demands.

You should be able to justify your programs, not with rhetoric but with research, performance, and results. The old numbers game of adding up Government prints and faces encountered in homes and meeting rooms is unacceptable. If Congress is to provide the dollars and the policy initiatives to support a national nutrition education effort, we must be assured that it will accomplish significant improvement in the health and well-being of our people.

Food, diet, and health are no longer the proprietary business of a small coterie of specialists. The Congress is beginning to view it as the business of the Nation. As such, we must bring the best of our artistic technical and scientific know-how together to plan programs that are highly visible and powerfully persuasive.

Eight months ago we heard the promise that nutrition education would be a high priority in this administration. Today we are asking you to tell us what has been done to make this promise a reality.

Mr. McHugh?

Mr. McHUGH. I have no statement, Mr. Chairman.

Mr. RICHMOND. Ms. Foreman, we are looking forward to your testimony.

STATEMENT OF CAROL TUCKER FOREMAN, ASSISTANT SECRETARY, U.S. DEPARTMENT OF AGRICULTURE, ACCOMPANIED BY LEWIS STRAUS, ADMINISTRATOR, FOOD AND NUTRITION SERVICE, GRACE OSTENSO, DIRECTOR, NUTRITION AND TECHNICAL SERVICES STAFF, FOOD AND NUTRITION SERVICE, AND BOB GREENSTEIN, ASSISTANT TO THE SECRETARY, U.S. DEPARTMENT OF AGRICULTURE

Ms. FOREMAN. Thank you, Mr. Chairman.

Mr. Chairman, I have with me today Bob Greenstein, who is Special Assistant to the Secretary of Agriculture; Dr. Grace Ostenso, who is Director of the Nutrition and Technical Services Staff of the Food and Nutrition Service; and on my left, Lewis Straus, who is the Administrator of the Food and Nutrition Service.

Later this morning, of course, you will hear from Deputy Assistant Secretary James Nielson, and representatives of the Extension Service and the Agriculture Research Service.

[The prepared statement of Ms. Foreman follows:]

STATEMENT BY CAROL TUCKER FOREMAN
ASSISTANT SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE
before the
SUBCOMMITTEE ON DOMESTIC MARKETING
CONSUMER RELATIONS AND NUTRITION
UNITED STATES HOUSE OF REPRESENTATIVES

October 6, 1977

Mr, Chairman and members of the Subcommittee:

I'm glad to have this opportunity to meet with you to discuss the Department of Agriculture's role in providing nutrition education to participants in our food assistance programs and to consumers generally.

The role of the federal government in nutrition education in recent years has been an unsatisfactory one. Close to $70 million a year of the federal budget is now spent on nutrition education. Yet only a minuscule amount is spent on determining how to do nutrition education effectively, and on learning whether our current nutrition education activities are working well.

Nutrition education is, unquestionably, a difficult function to perform well -- perhaps more difficult than any other form of education because it often involves the modification of deeply ingrained personal habits and preferences. We must be careful that we do not tell ourselves we are solving the problem simply by erecting new programs to spend more money in the name of nutrition education. At this point, our greatest immediate need is not simply to funnel out more nutrition education money, but systematically to gain far more knowledge about what types of nutrition education techniques actually do work, and about how to repeat these techniques successfully. The challenge is to learn how to make nutrition education more effective.

This is a task to which the Department of Agriculture and the Carter Administration are committed. To this end, several activities are now underway:

1. To improve our understanding of what may make for effective nutrition education programs in schools, the Department this year requested the full $1 million authorized for nutrition education research and demonstration projects under Section 18 of the Child Nutrition Act of 1966. Although this authority has existed for several years, the previous Administration never sought any funds for these activities. This year the Congress responded favorably to our request and the $1 million is included in our fiscal year 1978 appropriation. We are now preparing plans for the use of these funds.

2. The Department now has under consideration a pilot mass media nutrition information campaign. The purpose of such a project would be to determine which communication tools most effectively modify food choices. Employing television, radio, and print media to target simple, clear, good nutrition messages to specific audiences -- and constructing careful evaluation methodologies to weigh the results of such an approach -- may help lead to new nutrition education strategies that can be both effective and reach large numbers of persons at the same time.

We are particularly interested in the possibilities of such a project because so many Americans receive so much of their present nutrition information from the media, especially from television. Upwards of $1 billion a year is now spent to advertise and encourage us to eat a proliferation of food products -- many of them highly processed.

Roughly $250 million of that is aimed at children. Conspicuously absent from this media barrage are clear, helpful messages that can assist the consumer in the marketplace and that help shape positive attitudes in children towards basic, nutritious foods.

3. We are currently developing a joint pilot project with the Community Services Administration to design and test a nutrition education program specifically for migrants. The program would be designed in a longitudinal sequence, with instruction appropriate to the nutritional needs of women, infants, and children, so that migrant WIC recipients can participate in a meaningful nutrition education series throughout the season without having the same lessons repeated at each stop in-stream. This project is slated for the 1978 season.

4. We are developing a new series of publications to upgrade the effectiveness of nutrition education funded in the Special Supplemental Food Program for Women, Infants and Children (WIC). A study conducted by the Urban Institute in 1974 found considerable variability in the effectiveness of the nutrition education activities conducted by WIC clinics. I have brought along a copy of the first in this series of publications and can report that is has been well received. We think that the magazine format used represents a considerably more appealing concept than that of many other such publications.

5. Our new regulations for the WIC program issued this summer require the States to develop nutrition education evaluation plans which must take into account participants' views. We believe that continued evaluation of strengths and weaknesses in nutrition education programs is of major importance, and that such evaluation would be incomplete without learning from WIC participants, themselves, how the nutrition instruction has impacted on them.

6. We are now developing plans to deliver food and nutrition information to food stamp households in line with the provisions of the new Food and Agriculture Act of 1977. The new Act contains a provision offered in this Subcommittee by Mr. Glickman which calls for use of posters and pamphlets in certification offices to provide program participants with practical, usable information on health, diet, menu planning and food assistance.

7. The Department is also working with other federal agencies, to establish the coordination that has been so lacking in the past. For example, the President's Office of Science and Technology Policy has established a Human Nutrition Interagency Working Group to look at overall human nutrition research activities and examine key research priority areas. Among the key areas being studied by the Working Group is the need for a better research basis for designing effective nutrition education programs. To improve our nutrition education efforts, we need better knowledge of factors affecting food purchasing patterns by various population groups, and of successful techniques in modifying these pattersn.

I should mention here that the Department did not support the recent decision by a House-Senate conference committee to establish a two-year automatic entitlement program providing $27 million a year in nutrition education grants to state departments of education.

We feel that it is unwise to embark on costly nationwide programs in the absence of carefully-evaluated programs known to be effective. Many state education agencies have little or no prior experience in the area of nutrition education. Providing $55 million over a two year period for un-tested programs does not seem to us to be a sound approach to the need for nutrition education.

Finally, Mr. Chairman, we must acknowledge what nutrition education cannot do. It is not a cure-all even if done well. It will not make junk food nutritious or resolve problems of food safety and quality. Nutrition education will not take the place of basic nutrition research nor make food cheaper. It will not provide access to an adequate diet for low income Americans, or take the place of assistance programs. It will not resolve unanswered questions about basic nutritional needs and choices. It will not resolve the safety problems or additivies and chemicals that are added to food in processing.

It can, however, help people to make wiser choices about their food and improve nutritional well-being.

As we build nutrition education programs, we must understand their limitations and continue our support of other assistance, research and regulatory programs.

Mr. RICHMOND. Thank you, Ms. Foreman.

I will use up my 5 minutes and then I would like to submit a list of additional questions that I would appreciate your answering at your convenience.

Mr. RICHMOND. We have had so many consumers here. The story has been the same from everybody; namely, that the nutrition education program in our Government just does not seem to do the job.

As you know, the bulk of our nutrition education money—which is $50 million—is spent in expanded food and nutrition education programs.

That is almost two-thirds of our total Federal nutrition education dollar, which is spent on one-to-one work with poor people.

Ms. FOREMAN. The program seems to be effective, but, of course, because it is an intensive program, it will simply never have the capacity to reach all of the people in need. I think that we need a variety of programs which we have not had in the past, a variety of effective programs that will join with and be, in addition to, that very intensive program to reach people and motivate behavior in ways that are able to reach a much, much larger number of people.

Mr. RICHMOND. As you know, the EFNEP program only covered one-twentieth of the people who really need nutrition education, people who have a very small budget.

Of course, everyone needs nutrition education whether they have small budgets or large ones, but have you any feeling about changing the EFNEP program to a one-on group, in other words, taking a leaf out of Tupperware's approach?

Ms. FOREMAN. Neill Schaller, the new Administrator of the Extension Service, can speak in more detail.

Mr. RICHMOND. But I would like to have your feeling.

Ms. FOREMAN. I would like to see the program, as with all of our programs, be somewhat more versatile in its approach. In fact, I met recently with the extension people from New York and Kentucky where they are experimenting in urban areas with a group approach through the EFNEP program. In New York, they even do some television advertising.

Mr. RICHMOND. We really cannot afford psychiatrists for every poor person in the United States, but we certainly can afford group therapy. I think that is the direction that EFNEP ought to take.

One other question. The $28 million Child and Nutrition Act entitlement program would be an entitlement, and all of that money would have to be turned back to the Government if it is not used.

What are the plans for actually using it this year?

Ms. FOREMAN. The legislation has not even been signed into law yet.

Mr. RICHMOND. You will only have a year to use it if it is signed into law.

Ms. FOREMAN. It will take us a while to develop some regulations. We did not support passage of the legislation and we have not developed regulations to administer it. We will do so quickly.

We are very concerned that the money be used effectively. I think that is going to be difficult. Maybe Mr. Greenstein would like to add something.

Mr. GREENSTEIN. There are a couple other points. The conference report has not even been filed yet.

Second, it is my understanding that before large amounts of money go out under the language of the conference report itself, States must file a State plan that is approved by the Department. So, we have a process of proposed regulations, final regulations, State plans, writing and submission and approval by the Department in the first year of the program.

It is my understanding that some of the people involved in supporting that provision themselves have questions as to whether all of the money could be spent in the first year.

The final point is that there is no money for that provision. Although it is an entitlement, it is not there in the Appropriations Act. It is probably the case that we will need a supplemental appropriation passed before we can actually and legally put the money out.

Mr. RICHMOND. Thank you, Mr. Greenstein.

Mr. Straus?

Mr. STRAUS. I should say that it is our intention and expectation that this provision will become law. It is our expectation to meet in the next month with people who have had some conspicuous success in nutrition education, like State nutritionists, some school food service people and some authorities in the field, as well as nutritionists who have worked with and on behalf of advocacy groups to develop some sound guidelines that will be translated into the proposed regulations.

So, we are not standing pat. We assume there will be a program, and we intend to make sure it is a useful program.

Mr. RICHMOND. Thank you, Mr. Straus.

Mr. McHugh?

Mr. MCHUGH. Ms. Foreman, first of all I would like to congratulate you on your statement. I think you have clearly recognized some of the glaring deficiencies with regard to nutrition education which exist in Federal policy. I am encouraged to see that you are already beginning to work constructively on some of those.

One of the problems that we have heard a great deal about from consumers and others is the problem of getting confusing and conflicting information from Government agencies, sometimes even from the same department.

In the Department of Agriculture, for example, you have this tension between promotion of agricultural products produced in this country on the one hand, and, on the other hand, the fact that some of those products are alleged to be, especially if used in excess, nonnutritious, or in fact, dangerous to one's health.

So there is the problem of coordinating the various efforts of the agencies involved in Government policy, and there is the problem of conveying to the general public a message which is consistent. Yet, when we look at the Government efforts in these areas, it seems that there is a disparate effort going on.

Would you agree that, at the present time, there is an inadequate effort at the Governmental level to develop a policy which is consistent and which, therefore, can be conveyed meaningfully to the general public?

Ms. FOREMAN. Yes, I think that is probably the case. We do not have a national nutrition or a national food policy. The Secretary said last week in testimony before the Senate Nutrition Committee that he would like to see us develop a national food policy and that he would toward that.

Mr. McHUGH. How do we do that?

Ms. FOREMAN. Well, we are trying to develop at the Department some overall approaches to various issues. But, of course, those policies will be affected by the actions of the Congress. To the extent that there are some conflicting messages that appear to be coming out right now, those do reflect certain conflicts in basic laws.

Mr. McHUGH. Let me deal just with the existing agency problem. You have many different agencies that deal with nutrition and health and education. You have HEW and USDA as departments involved. Within each of those departments, you have subagencies which are involved.

In your opinion, is there adequate communication between the people in USDA and the People in HEW? Is there any tying together of the research activities which take place in both agencies with the communication of information which takes place?

Does extension have communication with research? Do the programs that Agriculture is involved in, such as the school feeding programs, have any contact with the people in HEW who are involved with health? Do we know, for example, whether our school feeding programs are in fact having a constructive impact upon the diet and health of the school children who are being served?

That is a lot to ask in one question, but the point is this. Is there any meaningful communication taking place within the departments, among the people who are involved in food issues in the Department of Agriculture and health issues in the Department of Health, Education, and Welfare?

The impression we have is that there is not. If not, what can we do about it? What mechanism can be used to improve that situation so that we have a consistent message coming out from these various agencies?

Ms. FOREMAN. Let me try to answer a question that I could spend the whole morning on, I think. I will try a short form and then if you would like some additional information, I will try to provide it.

First of all, there are a number of interagency committees and communications that do take place. But they deal more with detail than overall policy.

I think your assessment is correct, that is, that we do not have the kind of Governmental policy coordination that we need in this area or in a large number of other areas. President Carter ran for President largely on that kind of issue. He has, of course, created a reorganization team that is going to try to deal with some of those difficulties through reorganization. He has one reorganization task force dealing with human resources and another one dealing with a national food and agriculture policy.

You may see substantial reorganization of programs as a result of that into a fashion where messages will be consistent, either by putting some functions into different agencies or by creating some overall coordinating mechanism.

In addition, within the Department of Agriculture, Secretary Bergland announced yesterday a reorganization which we believe will pull together some of our conflicting messages or just make us operate a little more efficiently. Particularly that will involve extension and research being—excuse me, extension and the Cooperative State Research. Since being gathered into one agency. Of course, both of those agencies are under the Assistant Secretary for Research, Education, and Conservation. So, there is some overall policy direction coming there.

The Office of Science of Technology policy is trying to deal right now with the problem of some conflicting research goals or overlapping, I think the more appropriate word would be, research goals in the human research area.

I think when that report is completed that there will be some overall policy direction for the Federal Government to take in human nutrition research.

But, I cannot quarrel at all with the statement that there is a lack of organization there now. The best I can say is that we are trying to sort out and rearrange some of those lines. I hope we will be successful.

Mr. McHugh. Thank you very much.

Mr. Richmond. Thank you, Mr. McHugh.

Mr. Grassley?

Mr. Grassley. Ms. Foreman, it seems to me from your statement that you have outlined the problem. You have said what the challenge is, which is to make nutrition education more effective. You are going about this through a rational approach to determine whether or not these programs are, in fact, working.

Do you have any deadlines as to how long it would be before we know whether or not these approaches are working? How effective would you anticipate they would have to be before you could say that we ought to ditch them and go some other route or not even get involved at all?

Ms. Foreman. With regard to your last question, we have not set that particular standard yet. In various areas we will have different time levels.

With regard to our mass media nutrition information campaign, we are developing that pilot project right now. If we are able to get it approved and get it funded, then we would probably have about a 1-year pilot test to see if it were effective. We would have to work into that some fairly rigid evaluation tools.

With regard to the $1 million under section 18, that money is just now becoming available, and it will probably take us at least a year to have some sort of evaluation on that.

On the Community Services Administration project, Mr. Straus, do you have a point?

Mr. Straus. Yes; we anticipate that project to begin in January. We should know within the calendar year whether or not some coordinated approach to migrant nutrition education can be achieved.

Ms. Foreman. I could go down the list specifying particular or somewhat particular times on each one.

Mr. Grassley. Are they generally going to fall within 12 months from January 1?

Ms. FOREMAN. We would hope so, but some of them may be 12 months from October 1 of this year.

Mr. GRASSLEY. So, we are talking about within 18 months we would have something from you whether or not you feel these programs are working; is that correct?

Ms. FOREMAN. Or hopefully if they are not working, then what other directions we might go. But I think 18 months is reasonable.

Mr. GRASSLEY. One of the things we are confronted with here is this. In your statement you talk about the mass media approach. The chairman has used the term "group therapy." But is one of the problems that we are running into here is that people just do not care about these programs? I should not say "about the programs," but they just do not want any media indication. Is this what you are running into? If that is what you are running into, has there been some thinking within the Department or even in your own thinking about whether or not you are tackling something here—let me say it this way.

Are we trying to cram something down people's throats that they do not really want?

Ms. FOREMAN. I think that probably is true of some nutrition education efforts or some Government efforts generally. We will try to avoid that in this area.

But there are two or three issues that you raise there. One is that we are going to try to use some mass media efforts. We have not done a very good job when we have used those mass media efforts in the past. I watched some of our commercials yesterday. Frankly, the words are run together so quickly that it is hard to understand what is being said. It is a cute jingle but it is done so quickly that I cannot pick it up.

When food advertisers put together their commercials, they spend a great deal of money on a 30-second spot. A major soft drink manufacturer will develop a whole song or pay royalties to use very well known songs. The production costs are enormous.

Our production costs, on the other hand, have tended to be minimal. They tend to have a product that reflects their minimal costs.

If we are going to compete in the mass media area, I think we are going to have to come up with commercials that are as simple and appealing, eye-appealing and ear-appealing, as are the commercial messages that we will, in effect, be competing with.

Another area is the group. You mentioned the group participation. That is a little bit easier, I think, to do. I think we perhaps have not worked as hard at it there.

Catching people at the food stamp office or at an unemployment office, we have not really made the effort to go out and try to get materials, attractive materials, to people who are standing in line in an unemployment office. You know, sometimes you stay there for a long time. Or, at a SSI office waiting to get certified or at a food stamp office. There are all sorts of offices where we simply have not tried to reach an audience so we do not know yet if the audience is rejecting this.

I would further say that sometimes the message is rejected because the method of conveying the message is, as the chairman mentioned in his opening statement, a message that is written for a college-educated person to sit down and pour over it. We tend in Government to always want to make our statements as complete and detailed as possible. We assume perhaps substantially more interest and more diversion than people really have.

We would like to be able to reduce it to the fewest possible simple words.

Incidentally, we are trying that a little bit in this [indicating] WIC publication which I think does a pretty good job of reducing things to short sentences: "Eggs have protein, iron, and some Vietamin A."

"Protein helps the baby grow and build muscles and blood."

I think that is appropriate. It is informational, and it is fairly simple. It is directed at women who are pregnant and who probably are motivated to acquire and read this kind of information.

Mr. GRASSLEY. Thank you.

Mr. RICHMOND. Thank you, Mr. Grassley.

Ms. Foreman, I wonder if you would excuse us while we go to the floor and vote. We will be back in 10 minutes.

The subcommittee is recessed for 10 minutes.

[Recess taken.]

Mr. MCHUGH [acting chairman]. The subcommittee will come to order.

Our chairman had to go to the White House for a little while. He will be back.

In the meantime, we will proceed.

Mr. Panetta?

Mr. PANETTA. I am sorry I was late and did not hear the bulk of your testimony, Ms. Foreman, but I just read it.

I will make a comment and then I will ask you to respond.

My experience is that when we deal with something like nutrition, it is a little bit like dealing with democracy or equality or broad concepts like that on which everybody agrees. I have not talked with anybody who disagrees with the idea that we should get nutritious foods, just like I have not talked with anybody who does not agree that we should have equality in education or anything else.

But when you get to the specifics there is tremendous disagreement. That is really what tends to complicate most of these issues as you get into them.

I think it is particularly true for nutrition. We went through the battle over various amendments to the food stamp bill dealing with nutritious food. The perception I had then was that nobody really agrees as to what nutritious food is.

So, while we have a myriad of agencies, including yours, and I notice by your testimony that you are dealing with a tremendous amount of programs dealing with nutrition education, the various pamphlets and programs, do not agree as to what, in fact, is nutritious and what is not.

So, I think the point that Mr. Grassley made, and the issue I sense here, is that the reason there is no sense of crisis is because people really do not understand, first of all, why nutrition is important and, frankly, I guess I have to learn the same thing.

Why, in fact, is nutrition important and beyond that, what is nutritious? I am talking about foods.

We have heard some nutritionists say that apples are not nutritious. We have heard some nutritionists say that eggs are not nutritious or milk.

It seems to me that before we can really proceed to try to unify this process, we need an information base to establish what, in fact, is nutritious, and what is not and why this is important in terms of people's health.

I do not know whether you agree or disagree with that. I would ask you to comment as to whether that is a necessary first step before we reach the second stage which everybody seems to be focusing on, which is how important it is that we provide nutrition education.

Ms. FOREMAN. I think that we do not have a final answer on an awful lot of subjects, but we do have enough information to act on a large number. I do not think we should wait until the final word is in on everything before we do act. We do know a lot about these things. We know what most pregnant women need. I do not think there is any reason for the WIC program not to convey those messages.

I think we do know that there are fairly substantial portions of our population that do not get enough fruits and vegetables, for example, in their diet. I do not think there is any reason why we should not act on that kind of information.

Where we do have information, we should act.

You are right. We do not have a lot of final answers. But it strikes me that there is not a really big problem with having some conflicting messages out there. Presumably in our society people will make their choice between conflicting messages. Maybe one of my great concerns is that right now messages do not conflict enough. The messages that get to my children—and I am sure to yours—are fairly one-sided about what they should eat. If they turn on the television, they are not seeing any ads that tell them that broccoli will make them sexy. They are getting ads that say, "Soft drinks will make you sexy." Or toothpaste.

I think that we can work within that framework while we continue to get more and better and basic information.

Mr. PANETTA. How much is being done on research and getting nutritionists to come together on the issues? I agree with you that when you reach the bottom line, it may very well be that something may be nutritious for some people and not for others. There may be some built-in conflicts by virtue of the substance of the issue we are dealing with.

But as part of this education process, is there also an ongoing research process going on to make that determination or to gather that information base?

Ms. FOREMAN. Very much so. The Secretary of Agriculture has specified that human nutrition research will play a much larger role in the Department of Agriculture's list of priorities over the next 4 years. We are moving in that direction with regard to constructing our budget and in the organization of the Department.

One of the things that is high on that list of priorities is to try to get more information about what kind of nutrients are needed by specific age and sex and ethnic groups within the population. We now deal with nutrients in food as food comes out of the ground and not nutrients in food in a diet that you and I might consume. We do not know very much about what the functional effect of having enough nutrients or too few nutrients is. Does it make you perform less well? How much less makes you perform less well?

These are all issues that are among the very high priorities for the Agricultural Research Service's human nutrition research program and others. What are the determinants of choice? What makes us choose one food over another? What are its properties of taste, smell, and texture?

Also, what is the effect of advertising and packaging on what we choose to eat? What are the ramifications of that?

The ARS people will be able to speak to this more completely, but I can tell you that within the Department over the past 4 months, I, and the Secretary, and the Deputy Secretary, and the Assistant Secretary for Research and his deputy and others within the Department have spent an awful lot of time trying to put together a list of research priorities for the future.

During the summer, we had a task force made up of representatives from all the interested agencies within the Department to work toward the formulation of a list of human nutrition research priorities. We hope that we will be able to have the funding to go ahead with those in fiscal year 1979.

Let me just add that we do have some increased funding for fiscal year 1978 which will also be applied in these areas.

Mr. PANETTA. I have one other question dealing with reorganization of the Federal effort. What do you think is the most effective approach to trying to coordinate it? Is it the establishment of an interagency council, or is it centering on nutrition education in a major department that is ongoing right now, such as the Department of Agriculture or the Department of HEW?

Ms. FOREMAN. I think perhaps the most efficient way to get this done is to have it raised to the policy level. It may not be necessary to put everything in one agency, although the Office of Science and Technology Policy, with regard to human nutrition research, is trying to make some lead agency designations. We all get to different groups of people. The Community Services Administration may get to one group of people. The Office of Education may work with another group. We may work with a third group.

I am not troubled by that. A little overlap is better to me than big gaps.

But I think the key issue is to have it raised to the policy level. If you have got the Secretary of Agriculture concerned about it—and he is—then I am going to be concerned about it. Everybody within our Department is going to be concerned about it.

It strikes me that you have to have the Congress and the Cabinet and the subcabinet people all working on an issue. Then you will begin to see some action on it.

But if I could, Mr. McHugh raised some issues about coordination as did Mr. Grassley.

I would like for Dr. Ostenso to take a minute to point out some of the coordinated efforts we do have with HEW. I think they are worth noting.

Ms. OSTENSO. We do have two advisory councils, one for the child nutrition program and one for the women, infants and children program. Both of those have HEW representatives in terms of advising us as to policy issues.

Relative to the WIC program, we do have, within the last 6 months, an interagency agreement addressing nutrition education. It defines the roles and responsibilities and the areas of coordination which may take place at the Federal level, the State level, and the local level for that nutrition education. That interagency agreement was signed by the administrators of the Bureau of Indian Health in HEW, as well as the Community Health Services in HEW, including the Extension Service and our Food and Nutrition Service in the Department of Agriculture.

Mr. PANETTA. I appreciate that.

My experience however, is that when you develop an interagency agreement that everybody sits down on Tuesday morning to decide how everybody's responsibilities are distributed and by Thursday everybody is back to the same old game because there is nobody really enforcing that interagency agreement. I do not know whether that is the case or not.

Ms. OSTENSO. I think this one is seriously working. I have evidence that it has gotten down to the local level and to develop coordination of a basic State nutrition program to coordinate local efforts. I think in the testimony you heard last week several people may have referred to that statement.

Mr. PANETTA. Yes, they did.

Ms. OSTENSO. The agreement has given motivation and emphasis to the State level to coordinate nutrition education programs.

Mr. PANETTA. Thank you.

Thank you, Mr. Chairman.

Mr. MCHUGH. Mr. Baldus?

Mr. BALDUS. Mr. Chairman, my questions will take at least 5 minutes. I think by that time we will need to get back to the Floor. I would suggest we go vote, then I will come back for my questions.

Mr. MCHUGH. We will recess at this point for 10 minutes.

[Recess taken.]

Mr. MCHUGH. We apologize for the interruptions, but I am sure you know how that works.

Mr. Baldus, you are now recognized for your questions.

Mr. BALDUS. Thank you, Mr. Chairman.

Ms. Foreman, I want to first of all compliment you on your efforts. I did go through your statement carefully. I heard most of it.

One of the things that impresses me is where you refer to the $1 billion that is spent for television advertising and then you refer to the $1 million that may be spent for education research and demonstration. There is an awful lot of difference between the two.

You sort of wonder if what we are doing is setting up a competition and if we have a competition, then I know who is going to win.

So what I am raising is this. I wonder if you cannot win them, join them. There have been other industries such as the toy industry and the mobile home people who have gotten together to agree that they should not use the most flammable materials and so on.

If you study the graduates from these schools, many of them go to industry. At every place you are outdone.

Is there some thought on this? Each of these companies do a certain amount of institutional advertising. Each of them would like to have the image. They do not want to be accused of peddling cancer. All of these companies want to improve their image.

Maybe there is a way of helping them improve their image.

Have you considered or are there efforts in working with industry and having industry work with this general idea of nutrition to improve the level of what our kids see and what is proper nutrition education? We could use that billion dollars. It is more than that. That is just for the advertising. Then we have the research and the demonstration in addition to that. That would probably be another billion dollars.

Ms. **Foreman.** I wish there were a way. I am not terribly optimistic about it.

There are some efforts being directed by corporations at nutrition information and education. Some of these supermarket chains, Stop 'N Shop in Boston being one of them, have tried some efforts in this direction. I have met with some of the representatives from food chains and urged them to do more in this area to develop some of their own materials and try to get them to use our materials in the supermarket. They have indicated a willingness to do this. They have also suggested our materials need to be a little more attractive if they are going to have a market for them.

We will pursue that.

The Federal Trade Commission has tried to set some guidelines for regulating nutrition advertising, claims for nutrition by food manufacturers. Nobody has been able to agree on what those guidelines should be. Until there is some agreement on that, I am not confident that we can work effectively with the food manufacturers.

There is another problem. Those people who advertise foods tend to represent the foods that are very highly processed. Those are the foods that are being adverstised now. They may not be, and probably are not now, among our most nutritious foods, but they tend to be the foods that have the most sugar added and the most salt added and all those things that we are trying to move people into perhaps eating less of rather than more.

I would love for somebody to make the suggestion about ways to do it. I am not particularly optimistic about it.

Mr. **Baldus.** I am concerned that if it is really a conflict, then the result of that conflict, as long as it remains simply a confrontation of conflict, is reasonably predictable. But it seems to me that many of those companies—and some of them do—advertise a gooey breakfast food but they picture it with a peach on it or a banana or something nutritious along with it so you at least get some compromise in it.

If children understood what proteins do for them and what vegetables do for them, and if there were some symbols established, like Smokey the Bear, then they might follow it. Maybe this would help them to understand it. It would seem to me those would be things that industry could quickly identify with and be helpful in.

I pass that on as a thought. What I am worried about is the billion dollars against the million dollars. This does not stack up.

Ms. **Foreman.** I agree with you. I think that if nutrition becomes fashionable, then you will have a competition among companies to perhaps produce and advertise basically nutritional foods. I would hope that will happen.

I think there are areas where we might be helpful, that is, where the Government might be helpful. We have requirements for nutritional, that is, for ingredient labeling and what the nutritional value is of those ingredients. Nobody reads them or very few people read them because they are hard to read and they are not very meaningful. I think we can play a role in helping the industry to come up with more appealing and meaningful ways of conveying that kind of information on their labels.

There are some efforts now by the grocery manufacturers and the Canners Association to try to come up with nutritional information for their labels that is much more eye-appealing and easily understood than what we have now.

Mr. BALDUS. The Advertising Council itself might be helpful. I think they created Smokey the Bear.

Thank you, Mr. Chairman.

Mr. MCHUGH. Thank you, Mr. Baldus.

I have one more question which I will ask. Perhaps you can clarify something for me. This relates to whether we know at the Federal level what is actually happening with Federal money at the local level. Let us take the WIC program, for example. We have money in your budget for nutrition education in the WIC program. I do not recall what that figure is.

Mr. GREENSTEIN. Up to 20 percent of WIC funds can be used for administrative costs. One of the allowable administrative costs is nutrition education. I do not think that we have a specific figure here as to how much is spent, but I would imagine it would be well over $1 million. The whole program is operating at a $300 million level.

Mr. MCHUGH. My question is this. Do we in Washington know what is being done with Federal money at the local level and do we know what impact those expenditures of Federal money have at the local level in terms of nutrition and diet? Do we have the mechanism for monitoring the effectiveness of our expenditures in that program?

The question relates to other programs as well, but let us focus on WIC for 1 moment.

Ms. OSTENSO. In terms of WIC, nutrition education is a relatively new component. There is a requirement that the States must submit a nutrition education plan spelling out the objectives they intend to accomplish, the methodology of how they are going to accomplish it, and how they are going to evaluate for success or nonsuccess.

This is to be developed in coordination with the local clinics which carry it out. It is monitored to some extent in that our regional offices monitor at the State level and with some of the State people who are required to monitor their local areas. They use that State plan as the basis for monitoring and the regulations specify that they must document their evaluation techniques and identify the successes or effects relative to that evaluation technique.

So, the local level will have the documentation.

Mr. MCHUGH. Are we able to evaluate it? I say, "we" in Congress and "we" in the Department in Washington. Is it merely planning and paperwork and yet, as a practical matter, we do not know what is happening out there that is good and what is happening that is bad?

It sounds good, but do we really know? If not, is there anything more we should be doing?

Mr. Greenstein. I think you have identified a very significant and serious problem area that we have to do a lot more in. In all of the areas of Government that are doing nutrition education, there is that problem. There was an early study of the WIC program that was done way back—it may no longer be relevant—and it raised serious questions as to whether nutrition education was being effective in certain areas.

It is since then that the system that Dr. Ostenso is talking about was adopted, but I think we continue to have concerns as to the effectiveness of the evaluations and how solid they are. One of the things we have done to try to improve the quality of evaluation, and we do not know the results of it because it is only a month or two old, is that we added to the evaluation component in the new WIC regulations a requirement for recipient input.

It seems to us that if you had the educators or other administrators evaluating their own work and you never asked the recipients if it was making a difference to them, then it would not be very useful evaluation.

A final point on that. This is one of the things that concerned us about the child nutrition entitlement program which the conference committee passed as part of the new Child Nutrition bill. It seems to just funnel money out to the States without any evaluation mechanism. We asked in the conference that there at least be a small percentage of the money reserved for the Department to at least be able to evaluate what is going on, to identify some things that would be useful and some things that would not. We need to find out. That was not included in that package at all.

One of our concerns about the new program is exactly the point you identify. It puts a lot of money out there. As of now, we do not see any evaluation mechanism set up.

If there is any one theme in our whole testimony, it is that we have to do better in evaluating and finding out what nutrition education out there does work and what does not and not simply say, "We all think nutrition is great. We all think nutrition education is great. Let us do more of it." That is not going to make much of a difference if we approach it that way.

Mr. McHugh. I am pleased to hear you say that you are concerned about it.

Ms. Foreman, one of the things that you pointed out which was encouraging was the magazine format. A recent study by the Library of Congress indicates that much of the material that has been put out on nutrition is not appropriate. The written content is not geared to the reading ability of the population. It seems to me the type of format you have shown to us is very appropriate and good.

My question is this. Do we know whether that kind of format, which seems to be well targeted to the population we are trying to reach, is actually reaching that population? Do we know it is getting to the local agencies and actually is getting into the hands of people who can use it?

It is impressive in the committee room, but is it really getting to those folks we are trying to reach?

Ms. FOREMAN. I think we can guarantee it is getting to the clinics. I always hesitate to promise that it has gotten into hands of participants. I suspect because the need for such information is so great, that the clinics perceive a need for it. This kind of informtaion will, in fact, get out.

If this information was of small type and long sentences, it probably would not because why should a worker in a health clinic bother to pass out something that he or she knows is not likely to be used? I think that an attractive, simple piece of literature serves two purposes. It is more likely to get in the marketplace to begin with. It is more likely to be used once it gets there. That is the reason we moved in this other direction.

Mr. McHUGH. That is encouraging. I think it goes to the question of evaluation. Once those pamphlets are out there and once your new ideas are formulated and extended, does it make any difference to the people whom we are trying to reach? Have their habits changed? We have to know that. I hope you can come back and tell us fairly soon. I think the deadline question that Mr. Grassley raised reflects a feeling on our part that we want to know what happens now once these things that you have talked about actually take place.

We want to thank you very much.

Does anyone have any final question that they want to ask before we go on to our next witnesses?

If not, we thank you very much.

Ms. FOREMAN. I want to agree with you that Mr. Grassley's question was an extremely pointed one. It is one that gives us no small amount of concern because evaluation of these kinds of materials, as we tried to convey in our testimony, is an extraordinarily difficult thing to do.

We have run into the problem with the school lunch. It is 1 meal a day and 5 of maybe 21 meals a week. How can we ever know whether or not it has had a nutritional impact on a child because we do not know what they eat for their other meals each week?

We have that same problem of basic softness in the data that we run into. We are going to spend a great deal of time and effort trying to come up with some evaluation of these programs. We do not think they can be justified in continuation if we cannot come up with some evaluation of them.

Mr. McHUGH. Thank you very much. It was very good to have all of you.

Our next witnesses will be Dr. James Nielson, Deputy Assistant Secretary for Conservation, Research, and Education at USDA.

Dr. Nielson, I believe you have with you Mr. Neill Schaller, who is the Administrator of the Extension Service and Mr. Talcott Edminster, the Administrator of the Agricultural Research Service.

Is that right?

STATEMENT OF JAMES NIELSON, DEPUTY ASSISTANT SECRETARY FOR CONSERVATION, RESEARCH, AND EDUCATION, U.S. DEPARTMENT OF AGRICULTURE, ACCOMPANIED BY W. NEILL SCHALLER, ADMINISTRATOR, EXTENSION SERVICE, TALCOTT W. EDMINSTER, ADMINISTRATOR, AGRICULTURAL RESEARCH SERVICE, NED BAYLEY, ASSISTANT TO ASSISTANT SECRETARY CUTLER, AND NANCY LEIDENFROST, EXTENSION SERVICE, U.S. DEPARTMENT OF AGRICULTURE

Mr. NIELSON. Yes; I have some others with me as well.

Mr. MCHUGH. We thank you for coming and we look forward to your testimony.

[The prepared statement of Mr. Nielson follows:]

STATEMENT OF DR. JAMES NIELSON, DEPUTY ASSISTANT SECRETARY FOR CONSERVATION, RESEARCH, AND EDUCATION, U.S. DEPARTMENT OF AGRICULTURE, BEFORE THE SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER RELATIONS, AND NUTRITION, October 6, 1977.

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

Thank you, Mr. Chairman, for the opportunity to present the Cooperative Extension Service and the Agricultural Research Service responses on the special questions that your Committee identified in the letter of invitation. I want to take this opportunity to thank the Committee and you, Mr. Chairman, on the timely hearings on the subject of immense importance to the health and well-being of every American citizen. We believe that the U. S. Department of Agriculture plays a major role in educating and assisting consumers to improve their diets as well as helping to provide a safe and adequate food supply.

The Cooperative Extension Service food and nutrition education program provides consumers with information that will help them improve their diets through a better understanding of nutrition, nutrients and food guides, food selection and buying, preparation, home production, preservation, storage, and safety and sanitation.

Program priorities are determined annually by the county extension services based on consumer needs and State and national issues in nutrition.

Target Groups

Extension identifies the target groups in two broad categories: general (middle class and above) and low-income audiences. Methodologies/strategies used to reach and teach the two audiences are modified to meet the specific needs of each. Both direct and indirect methods are used to meet the specific needs of the groups.

General Audience

1. Direct Methods:

Some of the direct methods used to teach the general audience food and nutrition are: group meetings, workshops, self-teaching packets and demonstrations in public places, such as shopping malls.

2. Indirect Methods:

The indirect methods used with the general audience are: training volunteers to conduct programs, newsletters, multimedia instruction, computer instruction, audio-visual programs prepared for volunteers' use; and TV instructional teaching and TV and radio spots.

Low-Income Audience

1. Direct Methods:

The one-to-one and small group teaching by paraprofessionals are the direct methods used in the Expanded Food and Nutrition Education Program (EFNEP).

2. Indirect Methods:

In some States, EFNEP participants receive newsletters after they leave EFNEP, which reinforce the concepts taught by the paraprofessional aides.

Current Program

General Audience

The Cooperative Extension Service has conducted for some 60 years, a general food and nutrition education program.

Plans for the coming year are to reach 5 percent (11 million) of the population with general food and nutrition education. Last year, approximately 7 million contacts were made in food and nutrition. Approximately 600,000 homemakers, who are members of 35,000 study groups and clubs, have also received food and nutrition education.

In 4-H, 692,036 food and nutrition educational projects were completed by youth and 706,000 viewed the "Mulligan Stew" TV film (series of six).

Low-income

In FY 1978, approximately 9 percent of the low-income families will be reached with the present funding level of the EFNEP. Currently, 6,500 paraprofessional aides provide nutrition educational information to low-income families on a one-to-one basis or in small groups. [illegible]0,000 families were enrolled during the past year. The total families reached with the ENFEP nutrition program since it was started in November 1968 is 1,393,951, influencing the diets of 6 million family members. Approximately three million youth (2,934,777) have participated in 4-H EFNEP since the inception of the program.

Potential Effectiveness

The potential efficiency and effectiveness of efforts in reaching and assisting Extension's target groups can be assessed in the delivery system of the Extension Service which is a partnership of local, State, and national government. Through this unique information delivery system, the objectives of the Department are diffused through the State to counties and directly to the consumer including all income levels of the population. Extension has a system for generating and circulating nutrition information and education. The system is unique in teaching nutrition education to both youth and adults in relation to their specific needs and interests. Extension nutrition educational methods provide for family participation and reinforcement of knowledge and nutrition concepts.

There is a research and support staff based at the land-grant university which works with Extension and there also is staff available at local "grass roots" levels to deliver educational programs to people where they live. The staff at land-grant university and county levels have expertise and ability to update and carry out timely programs. Extension involves the target audience in modifying and determining education programs, and provides feedback to the researcher on additional research needs.

Effectiveness of Current Efforts

The effectiveness of current efforts in reaching and assisting consumers can be measured through program results. The indicators of progress are the number of families participating, the results of food behavior changes reported (statistical data, evaluative studies), and the demands for and use of publications and educational materials.

General Audience

Programs in food safety for the general target audience have increased in recent years to the point where most States conduct such programs. For example, the Wisconsin Extension staff reported a multimedia program in food safety efforts including:

- 244 newspaper articles on food safety and preservation;
- 25 home economists presented food safety radio programs;
- 8,000 shoppers contacted in 71 supermarkets by trained volunteer leaders;
- 100 TV spots and shows;
- 15,000 telephone calls handled on safe food practices;
- 19,000 reached by food safety, sanitation and food preservation meetings.

Rising prices have encouraged many consumers to preserve food at home. For some, this is the first time they have tried it; they need help to preserve food safely.

It is estimated that two-thirds of the 860,643 U.S. Department of Agriculture publications sent to State and county Extension Services during one month (April 1975) were on food preservation.

Low-Income Audience (EFNEP)

The key measure of effectiveness in the low-income program (EFNEP) is "Did food eating habits change?" and, "Was there a way to measure the change?"

The answer to both questions is "yes." Extension paraprofessional aides and the professional staff have been using the technique of collecting a 24-hour food recall at the time a homemaker enrolls in the EFNEP program and every six months to measure change in eating habits resulting from the one-to-one teaching.

Only 8.3 percent of the families starting with the EFNEP program report they are eating the optimum diet of 2-2-4-4 (i.e. 2 servings of meat and milk, and 4 servings of bread and cereal and fruit and vegetables).

This percentage nearly doubled to 14.7 percent after the first six months. It increased to 18.8 at the end of 12 months and 21.3 percent at the end of 18 months. It tended to level off at about 23 percent at the end of 24 months.

Of all families enrolled in EFNEP only 8 percent started out close to the optimim diet of 2-2-4-4.However, after 24 months of participation in the program, 23 percent achieved this objective.

A second measure of effectiveness is the percentage of homemakers who have one serving of food daily from each of the four food groups (minimum adequate diet). This has increased from 55 percent to 77 percent on the average in two years.

Finally, effectiveness is measured by the percentage of family income spent for food. This has remained stable at about 35 percent which means they improved the diet for the family without increasing the monthly food bill.

Participants in the Expanded Food and Nutrition Education Program (EFNEP) have shown:

- Improved diets of the total family, including food consumption especially in the milk and fruit/vegetable groups.
- Increased knowledge of the essentials of nutrition and buying more nitritious food with less cost.
- Increased ability to select and buy food that satisfies nutritional needs.
- Increased ability to prepare and serve palatable meals.
- Improved practices of food production, storage, safety and sanitation.
- Increased ability to manage resources that relate to food including federal assistance programs, such as food stamps and gardening.
- Increased awareness and conservation of water and fuel.

There were two important considerations in the decision to conduct EFNEP as it is presently conducted: (1) who can effectively reach the low-income audience; and (2) what methods should be used.

The answers to these questions came out of projects funded by Extension Service, USDA, in several States. The results showed that low-income families change behavior when they are taught on a one-to-one basis. Other studies indicated that low-income families do not watch television for educational purposes, and generally do not received newspapers or attend public educational meetings. Isolation and lack of education and motivation prohibits them from seeking information on their own.

In order to effectively reach low-income families which probably have the greatest need for food and nutrition education, existing programs were modified. The concept of employing paraprofessionals, trained and supervised by professionals, to teach low-income families on a one-to-one basis or in small cluster groups according to homemaker progress was tested in a five-year study in Alabama prior to the initiation of EFNEP and has continued to be successful in changing the diets of families.

Extension and Other Agencies

Now I shall mention the role of Extension in relation to other agencies of government. This has been one of sharing upon request educational materials and resources, reviewing materials and assisting in developing publications. Requests of other agencies, developing countries, the business sector and formal education systems for our educational materials are increasingly numerous.

Increased interagency and intra-agency coordination, especially in the stages of defining audience needs, agency roles and delineation of responsibilities early in program determination would be useful. Also, clearly defined areas of coordination and cooperation where agencies have related though different goals would increase efficiency. Such procedures could lead to elimination of duplication of efforts, a streamlining of program resources, and help close gaps in the present outreach to help the public. Such interagency and intra-agency procedures could also better coordinate and extend resources available to resolve problems of people.

The Extension Service has a memorandum of agreement or position statement with several agencies. Extension is in a position to contract or subcontract with other agencies to perform educational programs. Hence, it is possible to develop educational materials jointly with another agency, and this is being done where appropriate and beneficial.

We are in a position to recognize the needs of the public. They are first communicated to county home economists who have direct contact with the consumer and then through State Extension food and nutrition specialists to the ES-USDA level. Both the Federal and State specialists use this information in developing programs, developing educational materials, mass media and national and State workshops.

We see the role of the Extension Service expanding in terms of rapid changes in nutrition education needs; conservation of natural resources; energy conservation in production, processing transportation and consumption of food; and consumer services as it relates to the national nutrition policy.

AGRICULTURAL RESEARCH SERVICE (ARS)

In addition to the Extension Service, the Agricultural Research Service (ARS) provides informational materials on nutrition. ARS develops knowledge needed to improve food habits, nutritional levels of people's diets and knowledge that can be used by consumers and by Federal, State, and local agencies administering food and nutrition programs.

The nutrition-related information ARS provides consumers is in these four broad categories:

1. Food sources and functions of nutrients.
2. Guidelines for selecting foods that will lead to a good diet.
3. Guidelines for managing the family's money for food.
4. Guidelines for handling, storing, preparing and preserving foods for best retention of both nutritional and eating qualities to avoid foodborne illness.

The main audience for ARS food information is the general consuming public and Extension leaders and other educators. However, some materials are targeted to specific groups. This includes persons wanting or needing to lose weight, needing to save money on food, and food managers in the USDA child nutrition programs, such as school lunch and school breakfast.

The Agricultural Research Service emphasizes consumer and leader publications as a means of dissemination of nutrition education materials. As a result, the selects the material as interested and willing through the Cooperative Extension

Service and public and community information channels available to them.

The Department is fully committed to increased efforts on nutrition education. We currently are considering how this can best be done.

That concludes my statement, Mr. Chairman. I and my associates will be glad to answer any questions.

Mr. **Baldus** [acting chairman]. Thank you.

Your statement is generally upbeat, I would say. It is optimistic. Perhaps it is somewhat in conflict with some of the other statements that we have heard this morning.

Perhaps that is because your Agency has been working in a way where you can see and trace patterns better.

Mr. Grassley, do you have any questions?

Mr. **Grassley**. No, Mr. Chairman, not now.

Mr. **Baldus**. Are there any other people in your group who would like to comment?

Mr. **Nielson**. I will ask Mr. Schaller if he would like to comment.

Mr. **Schaller**. Thank you.

There is a saying that progress is made when a person moves from cocksure ignorance to thoughtful uncertainty. If so, I have made quite a bit of progress in my 2 months on the job, particularly on the subject of nutrition.

It seems to me that one of the questions we need to examine very carefully has already been brought up this morning. What do we really know about the effects of these different programs? There is no shortage of evaluations of the expanded food and nutrition program.

But, I feel that we may not have done as well as we might to sort out what these evaluations show.

I might mention, too, that I think the Extension Service, which as you know, is the Federal member of a Federal, State, and local partnership, can provide strong leadership and ideas to our partners in the States, encouraging them to ask new questions and to think of new ways. I feel that the question of media versus one-on-one has been debated and discussed at great length. It is not really an either-or issue.

In our testimony, I think we tried to distinguish more clearly between low-income audiences and those that are not low-income. I suspect you need different approaches and different strategies to reach these. Some of our discussions in the past, I suspect, have confused audience and methodology.

May I also mention this? I have on my desk an interesting proposal concerning the possibility of developing what I would call nutrition policy education. That is a little different order of things. Not too much attention has been devoted to policy issues and how to help people make better informed decisions, not only in the kitchen or in the grocery store, but also decisions relating to essential public policies.

I am interested in this and want to try to encourage this activity.

Mr. **Nielson**. Mr. Chairman, if you would like we could have Mr. Edminster comment.

Mr. **Baldus**. That will be fine.

Mr. Edminister, go right ahead.

Mr. **Edminster**. Mr. Chairman, I would like to take this opportunity to reinforce a point that came out in earlier testimony this morning regarding the adequacy of nutrition information that can be used in our educational programs. The Agricultural Research Service has the responsibility of conducting the physical and biological research that goes into the development of this information. It is supportive of so many nutrition programs, not only at the Department of Agriculture, but of other institutions.

I simply wish to reinforce the statement that Secretary Foreman made that there are many areas for which we do not have all the information necessary. However, it is essential that we utilize that data that is available now and put it into proper perspective and utilize it as effectively as we can in our current information programs.

Thank you.

Mr. BALDUS. Dr. Nielson, in the reorganization plan for the Department, the Office of Research and Education are combined. I am sure you have given some thought as to how that is going to work out.

Would you care to comment about the efficiency and effectiveness that you see emerging from that?

Mr. NIELSON. Yes, sir. I will back up for just a moment. My boss, Rupert Cutler, became the Assistant Secretary. Three of his objectives were: No. 1, to bring about closer coordination of the in-house research agencies in the Department, and second, to bring about closer coordination between the in-house research and that of the State Agriculture experiment stations. Third, he would like to bring about a closer tie between our own research programs and our extension programs.

We believe that, first of all, having the in-house research agencies and the State experiment stations given special attention by the new Director of the Office of Science and Education, that the reorganization plan calls for, can help accomplish part of the first objective.

Having an Administrator for the State experiment station program can help both with the interlock between in-house and State experiment station research and importantly having Extension and Research in one agency will bring about closer ties there to better our technology and other information extended more rapidly and more effectively .

Mr. BALDUS. The new farm bill calls for expansion of nutrition education. There will be an expanded cost along with that.

There is a question of whether that flows through your agency or other agencies. Apparently this is not entirely resolved.

Would you care to comment on that?

Mr. NIELSON. As far as expanded educational work is concerned, the Extension Service, of course, would be one of the important agencies involved in it, which is in Conservation, Research, and Education. The food and nutrition service under Ms. Foreman would be very much involved. We expect these two agencies to work closely.

Back in Conservation, Research, and Education we see an important role for the Agriculture Research Service, not only in supplying important facts of the research information base through its research program, but also in doing research in eduational processes along with the other two agencies, FNS and ES.

Mr. BALDUS. Your testimony documents very well what has been done, and it further documents the value of it, but it seems to be somewhat in conflict with other things that we have heard. Maybe you have done targeted groups, but the Nation as a whole or even those people who are in the most need as a whole seems to be in conflict with testimony we heard last week and at other meetings here.

I do not quite know how to reconcile those differences. Can you suggest to me something along that line?

Mr. NIELSON. Does the question relate to whether we are using the most effective methods and meeting the low-income group or does the question concern whether we are not to concentrate our effort there but target for other audiences?

Mr. BALDUS. I think the testimony that this committee has heard is that malnutrition and poor nutrition and bad eating habits are not simply a low-income group problem, but rather a problem that spans the whole scale of income groups.

The other thing is this. Ideas and habits are simply not separable between low income and high income. They all see the same television ads. They all talk with each other. They all say that spinach is terrible, even if Popeye likes it.

So those things seem to be a group. I do not see how in the world you can separate out the low income. In fact, I think there is some damage in doing it.

Mr. NIELSON. Let me make a few comments and then I will ask people in Extension to comment further.

There have been enough studies made and enough evidence to lead us to believe that for a particular audience—in low income, EFNEP indeed has been effective in reaching low-income audiences. But it is, of course, true—and Ms. Foreman made the point, too—that there are other audiences in our society that also have nutritional problems and need to be reached through nutrition education programs.

While the techniques used with EFNEP seem effective with them, we may well need to, and probably will need to develop other techniques for developing other audiences. We will welcome the challenge and mandate from this committee and others to have other kinds of programs for other audiences.

But let me ask Dr. Schaller and Ms. Leidenfrost if they would comment further.

Mr. SCHALLER. I wonder if Nancy would want to comment.

Mr. LEIDENFROST. In Extension, a general nutrition education program, about $10 million is spent carrying out an education program in contrast with the $50 million that is used in the low-education programs.

We use multi-media approaches, instructional TV programs, computer instruction programs, workshops, meetings and a series of classes and and training of volunteers to carry out educational programs with lay people in the community. These are methods used to conduct the general nutrition education program.

Mr. BALDUS. I have one further question. Generally speaking what we have heard about the brochures and educational materials that have been put out is that it might be very well constructed for a class of nutritionists who came together to study nutrition, but that it is not very well constructed to teach a youngster or to reach the person that we are trying to reach, whether it be a pregnant mother or a youngster. We heard that this morning.

Apparently it does not compete with the commercial stuff. I guess you folks are as responsible as any for putting out. Do you want to defend?

Ms. LEIDENFROST. In the expanded food and nutrition education program, we have had three national task forces to develop educational materials to use with low-income audiences representing both youth and adults. Our materials in this program are developed at the eighth grade education level. They are developed and tested with the audience which they are intended to be used. We have the input and the involvement of the people who are the recipients in developing educational materials prior to their publication and printing.

Materials are geared and modified to meet the specific audiences with which we are working.

I have brought along a number of examples of this material if the committee would like to see them.

Mr. BALDUS. In other words, you contradict previous testimony?

Ms. LEIDENFROST. Yes; I do.

Mr. BALDUS. I am known as a nice guy on this committee. I will turn it over to the chairman. He is a tough fellow.

Mr. RICHMOND. Thank you, Mr. Baldus.

Mr. NIELSON. I have letter from the American Association of Advertising Agencies really criticizing the literature that you distribute. It appears that they have a group of advertising agencies to study your booklets. They find everything absolutely antiquated and not particularly informative and not understandable.

I would like to turn this letter over to you and get your comments for the record and I would like the letter to appear in the record.

[The letter referred to above follows. Comments requested immediately follow the letter.]

AMERICAN ASSOCIATION
OF ADVERTISING AGENCIES, INC.,
Washington, D.C., October 5, 1977.

Hon. FREDERICK W. RICHMOND,
Longworth Building, U.S. House of Representatives, Washington, D.C.

DEAR CONGRESSMAN RICHMOND: Following are comments made by various of our New York advertising agencies who were asked to comment on the publications which you provided:

FAMILY FARE

Would judge that the element that is most missing from the enclosed booklet is persuasion. For example, as we all know, industry long ago learned that the consumer responds more readily to the emotion of her appetite than she does to the nutritionist's facts. Believe the booklet would be considerably enhanced by the inclusion of appealing full color photos of suggested food items. Or at least, by some appetizing and appealing drawings of food items.

Would recommend that this basic message be made more graphic and persuasive to make it both more motivating and understandable. Would be inclined to replace the booklet with a good-looking yet informative poster which could be captioned with something a little more enticing than "Family Fare."

Find the front of the book just a little confusing. Interpretation of the message is that if you include the recommended portions from the five food groups you will be providing your family with the proper balance of nutrients—whether they be proteins, carbohydrates, etc. If this is so the detailed facts that follow about nutrients are "information overkill." In fact, probably too impossibly complex for those on the lower end of the socio-economic ladder to fathom. Recommendations would be to limit the front of the book to the simple message of the five food families, to put the rest of the explanatory data in the back of the book in an appendix for those who would be interested in knowing that much more about it.

FOOD FOR FITNESS—A DAILY FOOD GUIDE

Would judge the element that is most missing is persuasion. For example, as we all know, industry long ago learned that the consumer responds more readily to the emotion of her appetite than she does to the nutritionist's facts. Believe the booklet would be considerably enhanced by the inclusion of appealing full color photographs of suggested food items. Or at least, by some appetizing and appealing drawings of food items.

Would recommend that this basic message be made more graphic and persuasive to make it both more motivating and understandable. Would be inclined to replace the booklet with a good-looking yet informative poster which could be captioned with something a little more enticing than "Food for Fitness—A Daily Food Guide."

FAMILY FOOD BUDGETING FOR GOOD MEALS AND GOOD NUTRITION

The "Family Food Budgeting" pamphlet is a World War II vintage presentation filled with helpful and valuable information. However, the presentation is dull and colorless and reads more like a textbook than a consumer guide. More illustrations, shorter and more direct copy references, simple tables (the charts and tables look more like something from the General Accounting Office rather than from the Department of Agriculture), more suggestions and hints to be followed. The last page of this booklet is one of the best, but suffers from lack of visual interest.

FOOD—NUTRITION AT WORK FOR YOU

Filled with helpful and valuable information. However, the presentation is dull and colorless and reads more like a textbook than a consumer guide. Many more illustrations, shorter and more direct copy references, simple tables (try to decipher the one on page 15), more suggestions and hints to be followed (the last page is one of the most thoughtful in the booklet), and expand the section on "Daily Food Guide" pages 3 and 4.

NUTRITIONAL REQUIREMENTS IN ADOLESCENCE

Book is atrocious and the copy complicated. Feel this effort is amateurish and missing the audiences they are trying to reach.

FOOD GUIDE FOR OLDER FOLKS

Book is atrocious and the copy complicated. The menus in this guide for older citizens are somewhat better. Feel this effort is amateurish and missing the audiences they are trying to reach.

So far we have received comments on six of sixteen booklets. It is safe in our judgment to assume in view of the similarity of response to six of the booklets that the balance will also be similar.

That is—no quarrel with substance, but concerned with simplicity, visual strength, with general presentation.

We hope that this has been helpful. We will forward the balance of comments as soon as received. Sorry we did not have more time.

Cordially,

William R. Hesse,
Senior Vice President.

[Comments from the Department follow:]

Five of the publications mentioned in the report to you were developed by the Agricultural Research Service (ARS).

The comments will be brought to the attention of the newly created Office of Governmental and Public Affairs, which controls the publications process of the Department. We believe this new Office can address the issues raised with more sensitivity than in the past.

We will be giving serious consideration to the suggestions concerning publications developed by ARS. We would like to point out, however, that posters are not an effective replacement for other types of materials. Posters can increase consumer awareness, but the need still exists for bulletins and other backup materials that cover the subjects in greater depth. To reach as many people as possible with limited funds, we have opted for issuing one-color publications rather than full-color publications and posters that are substantially more costly. Per copy cost of the one-color publications is about one-half of what the cost would be if they were printed in full color.

The suggestions offered by the AAAA, especially those for improving visual strength, will increase the cost of producing the publications and consequently the price at which they are sold to the public by the Superintendent of Documents. But with the continued support of your Subcommittee, we believe we can improve the format and effectiveness of our publications. We have the interest to do so, and we fully recognize the need.

Mr. RICHMOND. I am very sorry I was not here for your testimony. I hope I am not being repetitious. But can you tell me what you plan to do about improving these publications and having them address themselves to the problems of nutrition education in a simple fashion so that people will understand them and actually distribute them through mass communications so they will be read?

One suggestion that I have had is that we try to get our publications distributed through Sunday supplements. As you all know, every city has a gigantic Sunday paper which contains many types of literature.

Have you ever thought of distributing your pamphlets through Sunday newspapers or through the supermarkets? In other words, distributing them at the place the food is thought of and bought?

Mr. NIELSON. Let me say that I think those suggest good possibilities. I will ask Dr. Schaller and Nancy Leidenfrost to respond specifically to what they have done and what they are planning in their upcoming programs.

Mr. SCHALLER. Mr. Chairman, I agree. I think we need to be experimenting with some of these new approaches. I know that some Extension material is distributed in grocery stores, for example, material on energy conservation. I am not sure about food and nutrition materials. I will ask Nancy Leidenfrost if we have any current examples of that sort of distribution.

Ms. LEIDENFROST. In many States our nutrition education informatio is sent to food editors, to libraries, to public schools, and to many sources outside of what we call the informal method of reaching families and youth. Many TV stations use television spots.

For example, in Georgia, 1 million people daily see nutrition education spots. So, we are using many ways and methods to get the message out about nutrition education and awareness programs.

Mr. RICHMOND. Why is it during the entire week of hearings last week I heard nothing but negative comments on your literature, your distribution methods, the understandability of your literature and the utilization of it?

We did not hear one single positive comment all week. If you read the transcripts of the record which can be made available to you, you will see that more than 50 consumers and nutritionists—and these are people who care about nutrition education—had nothing but criticism of all of your publications. They said they were untimely. They said they did not address themselves to the real problems of health and nutrition.

We did not have one single positive comment in a whole week of testimony.

Fifty million Frenchmen cannot be wrong, can they? Let us recognize the fact that something has to be done to improve your pamphleteering.

Do you need more money? Do you need a better program? Do you need better direction?

At present whatever you are doing is not satisfying the need of the American public for decent nutrition education. There is a mounting interest in nutrition education.

I do not think any of you have any idea how vital this particular subject has become to the Congress of the United States. I happened to see the Speaker last night. He lectured me for 15 solid minutes. He wanted me to convey his personal interest in a decent Federal nutrition education program.

The Republican side of the aisle is even more strongly addressing the nutrition education side of the program than many democrats. Mr. Wampler, the ranking member on the Agriculture Committee, is vitally interested in nutrition.

I think, until we can encourage the USDA to do TV and radio spots and get a decent nutrition education program in the public schools, we have to rely on you to publish readable material and to distribute it so people actually get it.

Mr. NIELSON. Mr. Chairman, I think from looking at the educational materials that the Extension Service has used, for the most part the quality of information, that is, the base of knowledge that we have in regard to what constitutes good nutrition and what is relevant to put out, is not so bad based on our present state of knowledge as to what good nutrition is.

I think it may very well be that some of these are not as effective as they might be in reaching certain audiences. I assure you that the Department of Agriculture is very much concerned about trying to do a much better job in nutrition education.

It may require some very rapid departures from programs that we have used in the past, including making use of television and spot announcements.

Mr. RICHMOND. In all of your publications—and I have reviewed many of them—I have yet seen any notice that undue amounts of beef may not be too healthy for a person. Your pamphlets on eggs do not say a word about cholesterol. The American public wants to know these things. When are we going to modernize our literature to make it sensitive to what the American public wants to know?

The American public is interested in knowing about sugar and salt and fat and cholesterol. There is a demand for nutrition education. We are not serving the public.

As you know, you are paid to serve the public and so am I.

Mr. NIELSON. These are things that we will increasingly try to address.

Mr. RICHMOND. Do you need more money?

Mr. NIELSON. Of course it would take more money to reach all the audiences that the Congress and others would like for us to reach and that we want to reach. In EFNEP we have been concentrating on the low-income as a joint partnership with the Congress in agreeing that was an audience that had special nutrition needs.

I think it is also true that our general information has been aimed at medium-income people. I think some of the problems you mentioned, like eating too much beef, is probably a problem for people in upper brackets. I think we have not really seriously addressed the problems of those people, or at least not as much as we might have.

Mr. RICHMOND. Of course, poor people eat a lot of eggs and you have not addressed that problem either.

Mr. NIELSON. We can address that more sharply.

Mr. RICHMOND. Thank you, Mr. Nielson.

Dr. Schaller, I would like to discuss the EFNEP program at great length, if you do not mind.

The EFNEP program, as you know, is responsible for about 68 percent of all nutritional education budgets in the entire United States. Last year your EFNEP program reached roughly 400,000 families.

On the other hand, we know that there are 4.5 million families that are to be reached. So yau are only reaching 10 percent of the families in the United States with a $50 budget.

Do you not think it is time that you and your advisors sat down and reorganized the EFNEP program? It is obviously not functioning well enough to serve the American people.

Do you agree with me?

Mr. Schaller. If you mean we are not reaching enough people, there is no question in my mind.

Mr. Richmond. You know Congress is not going to vote $500 million for the EFNEP program. Now you have $50 million which could conceivably go up to $60 or $70 million or something like that. Do you agree?

Mr. Schaller. Yes.

Mr. Richmond. Do you not think it is about time to recognize the fact that what you are doing is not accomplishing the job? Do you not think it is about time we took a leaf out of Tupperware's sales booklet and started having group sessions rather than one-on-one?

Mr. Schaller. I think, Mr. Chairman, that what we have here is a continuum of families. At one end of that continuum you need to begin on an intensive one-on-one basis.

Mr. Richmond. You cannot afford to do it. It would cost $12.50 a visit. My records indicate that you are not getting to enough people. You have to radically change the EFNEP program because you are not doing the job. You cannot say you are doing the job when you are reaching less than 10 percent of the families in the United States that need that service.

Mr. Schaller. If the objective is to accomplish a lasting change on the part of the low-income family, then the question is: "What is the right mix or combination of approaches to achieve that goal?"

I am assuming that is the goal. If so, we need to be experimenting with ways to economize, for one thing. We need to be trying to shorten the length of time that a family is enrolled in order to expedite this progression. We need to know at one point you essentially run into diminishing returns in working with a family, where further gains are really not worth that additional time and money. It is very costly.

But I always come back to the question of which people and under what circumstances are we not going to make any lasting change in diets or behavior if we immediately go to group meetings. Where we have perhaps fallen down some is not trying to determine exactly at what points we can shift to a different mix or a different combination of approaches. That, I think, needs very careful attention.

But at this point, based on my study and with 2 months on the job, I find people I talk with about EFNEP saying, "You may not get in the front door for 3 or 4 months and you may have to kill a lot of cockroaches before you can even begin to talk about nutrition education."

Mr. Richmond. Could you not talk about cockroaches in a group?

Mr. SCHALLER. I suppose you could, sure. But the question is whether you can get these people to go. I do not have a good answer to that question. It seems to me we need to experiment on that.

Mr. RICHMOND. Are you doing any experiments?

Mr. SCHALLER. Yes; I think we are. There are some evaluations that Ms. Leidenfrost would have more details about. We are probably just beginning.

Mr. RICHMOND. Take the EFNEP program. How much of EFNEP is diet and health and how much is just home economics? Do you think they are both together?

Mr. SCHALLER. I do not know how you can separate these things. My understanding is that we need to go back to when the program started. I am not a good historian at this point.

But initially the emphasis was on low income, not on the one-on-one approach necessarily. As this came back for increased funding beyond the pilot stage, we go to the point of congressional intent. I think there was then a specific reference to the intensive one-on-one approach.

As I study these guidelines, it seems to me that it is very hard to separate out nutrition education from a lot of other things. Referral, for example, that is, referring these people to other forms of assistance, like food stamps, is one thing. That goes on. There are a lot of additional subjects: how to select and buy food; how to prepare and serve palatable meals; how to store food; food safety and sanitation; how to grow a garden; and manage your food dollars.

We may not have even scratched the surface on the kinds of things that results from EFNEP. How many people were helped to move off welfare rolls? That is an important piece of information, I think.

Mr. RICHMOND. Mr. Grassley, any questions?

Mr. GRASSLEY. No; go right ahead. I have had a chance to ask questions.

Mr. RICHMOND. Ms. Leidenfrost, can you expand on this? We are talking about the major part of the nutrition education budget in the United States.

Ms. LEIDENFROST. Seventeen percent of our audiences are reached in groups and group teaching situations. Presently we are implementing and introduced last October what we call a progression model which is used to help measure the progress of the family periodically. It measures their change in food behavior as well as in a number of food related areas, so that the families can be moved in and out of the program, thus permitting more families to enter the program.

Since this was introduced as a national workshop last October it was implemented in the States early this year. We hope our data that we will be collecting from the States in November will reflect some change in the number of families we have been able to reach in any given time.

We are continuously evaluating methods to improve our program. Currently we have a study underway to measure the one-to-one to see if that is the most effective method. We are measuring the group method in which the aide will teach and the one-to-one method in which aides will teach, then a TV method where the program will be delivered on TV with no assistance from the aide or professional.

We hope to get this study implemented in February and by July 1976 have some preliminary results.

Mr. Richmond. I am, of course, hoping that we can modernize your delivery system and your agency sufficiently to warrant the development of TV films and radio spots. That is obviously the only way we are going to reach the general public and teach them anything about nutrition. Do you agree?

Mr. Nielson. Yes, Mr. Chairman, we are quite concerned about updating our techniques and trying imaginative new things including television.

I think that as far as the use of television spots is concerned—which we have given a good deal of attention to and which I think you are interested in——

Mr. Richmond. You do not have any money for that, do you?

Mr. Nielson. No; we do not have, but it is something that we are looking ahead toward and hoping that we will have.

We have consulted with leading nutrition educators across the country. There seems to be a fair consensus that this is an approach that is well worth trying and experimenting with and that it may well do one important part of the job of education, namely, creating awareness.

There seems to be consensus among many of the nutrition educators that if you really want to get down to something more basic in the way of nutrition education, then it will have to be followed with something somewhat more intensive than that, be it publications of the right kind or meetings or some other means of communication where you can present more detail and perhaps have feedback and a two-way dialog.

I think there also seems to be a fair amount of evidence that as you move across a continuum, let us say, from higher education to lower education or perhaps from higher income to lower income, that the method of education will need to be more intense with the lower income or lower education group.

I think we do not know exactly where to go along this continuum, but we are challenged and we are willing to try real hard.

Mr. Richmond. Mr. Nielson, I would be grateful if your staff would study the entire record of the testimony of these hearings and then come up with some type of budgetary solution.

As I said before, clearly what we are doing now is not serving the public. Clearly our mandate is to serve the public.

I do not know what it takes: Whether it takes a reorganization of EFNEP or more money, or whether it takes the utilization of advertising agencies, but we have to do something.

After you read the testimony of these hearings, I would be grateful if you would make a recommendation to us.

Mr. Nielson. We will work on it.

Mr. Richmond. We thank you very much.

At this point we will recess the hearings until 2 p.m. this afternoon. We thank you all for coming.

[Recess taken.]

AFTERNOON SESSION

Mr. Richmond. The subcommittee will come to order.

This is a continuation of our hearings in the role of the Federal Government in nutrition education.

Our first witness is Dr. Joyce Lashof, Deputy Assistant Secretary of HEW for Health.

STATEMENT OF DR. JOYCE LASHOF, DEPUTY ASSISTANT SECRETARY, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. LASHOF. Mr. Chairman and members of the subcommittee, I am delighted to appear before this distinguished subcommittee to address the role of education about nutrition within the activities of the Department and particularly the Public Health Service. With your permission I would like to summarize my prepared testimony and request that the statement in its entirety be submitted into the hearing record.

Mr. RICHMOND. Without objection, so ordered.

[The prepared statement of Dr. Lashof follows:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

STATEMENT

BY

JOYCE C. LASHOF, M.D.

DEPUTY ASSISTANT SECRETARY FOR HEALTH-PROGRAMS

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

BEFORE THE

SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER

RELATIONS, AND NUTRITION

COMMITTEE ON AGRICULTURE

HOUSE OF REPRESENTATIVES

THURSDAY, OCTOBER 6, 1977

Mr. Chairman and Members of the Subcommittee:

I am delighted to appear before this distinguished Subcommittee to address the role of education about nutrition and dietary practices within the activities of the Department, and particularly the Public Health Service.

I consider this to be an especially important opportunity for several reasons. First, education about nutrition and dietary practices has long been an important component of Public Health Service programs. These activities have gained added significance in recent years as more evidence has become available on the relationship between nutrition and health, and on the limitations of therapeutic medicine in alleviating many health problems. We share the commitment and determination of this Subcommittee that substantially more progress be achieved, with strong leadership and direction at the Federal level, in improving our knowledge about the relation of nutrition to health and disease, and in giving prudent dietary advice to the American people.

Second, I believe that society can reap substantial benefit from dietary and other lifestyle modifications, especially when these are combined with environmental changes aimed at promoting health. Experience tells us that vast numbers of people want and could benefit from more definitive and practical guidance about nutrition and its relationship to health and disease, We do know that consumers already have responded to information and education about nutrition and diet. Consumption of saturated fats has been reduced, and cholesterol levels have been lowered for the population as a whole. While there still exist many gaps in our understanding of nutrition which must be filled by intensified research efforts, these trends are encouraging. We must ensure that more of the existing knowledge about nutrition and health is effectively communicated to the public, and particularly to target populations often neglected by current activities. I view this as a continual challenge to the Department and one that we are only just beginning to address. Teaching people to be more discriminating in their dietary habits amidst the controversy over the impact of cholesteral, sugar, fat, and dietary fiber consumption on health is a much more difficult task than admonishing everyone to remember the essential nutrients and eat more of everything from the basic four food groups. Some of the most interesting aspects of PHS efforts to disseminate useful nutrition information to the public and to assist consumers in making more informed decisions about food choices will be described shortly.

This situation is further complicated by the fact that many persons still have difficulty purchasing an adequate diet, both in quality and quantity, and who may, therefore, perceive governmental support for nutrition education as an expression of our unwillingness to provide adequate financial or other assistance to meet their dietary needs. It is one thing to assume that an attractive and nutritionally sound diet is within everyone's reach; however, making this a reality is another matter. Nutrition education, therefore, is not a substitute for necessary social action, but only one essential response to the fundamental problems that potentially jeopardize our Nation's health.

NUTRITION EDUCATION AND PREVENTION

Although some persons still lack an adequate diet due to economic, cultural, social, and environmental factors, experts maintain that we have entered a new era in nutrition, when the lack of essential nutrients no longer is the major nutritional problem facing the American people. As a Nation, we are faced with such major health problems as heart disease, hypertension, cancer, diabetes, and other chronic diseases which a growing amount of evidence suggests are significantly related to diet. While it must be made clear that improved nutrition will not eliminate these diseases, nutrition education programs must focus public attention on the underlying dietary habits which may be antecedent or contributing causes of preventable diseases, as well as relate nutrition to the quality of our daily lives.

It is essential to convey to the public the current state of knowledge about the potential benefits of modifying dietary habits, without overstating the benefits that could possibly result from the adoption of alternative dietary practices, including reducing excessive caloric intake and eating less fat, less sugar, and less salt. We must be candid about areas of uncertainty and controversy in current scientific knowledge about nutrition and diet. This means giving consumers information about the range of views that exist on various aspects of nutrition in order to help them make more informed judgments about personal and family dietary practices in relation to their values and their own assessment of risk or susceptibility. Sharing information and levels of scientific certainty would reduce the likelihood that large segments of the population would reject sound guidance on nutrition even in light of the high level of uncertainty surrounding the relationship between dietary practices at one period of life and health in subsequent periods.

Personal Risk Assessment

There are a number of important questions about nutrition that will never be answered with complete scientific certainty because of the many variables involved, combined with the infinite variability of the human organism. Therefore, we will usually be in the state of only relative scientific certainty about many important aspects of nutrition. Thus, personal risk assessment will always be an important concept for both adults and children. We need to develop improved techniques to help people determine their personal risk as well as their general risk as a member of a population group. These concepts can enable people to make informed choices about those risk factors which are amenable to change, including nutrition and dietary practices. For example, if a person has a family history of cardiovascular disease, high blood pressure, diabetes, obesity, or high levels of serum lipids, then he or she has an increased risk of developing these conditions. If a person develops one or more of these risk factors, or is exposed to occupational hazards known to be related to coronary heart disease, there is an even greater probability that he/she will develop coronary heart disease. Further, if an individual smokes, in addition to having a family history of coronary risk factors and personally exhibiting such risk factors, then he/she has a still greater probability of developing coronary heart disease.

A person with two or three or more of these risk factors should consider himself or herself to be at high risk for coronary heart disease. This is the important concept of interactive risk factors which underlies personal risk assessment.

It would be advisable for high-risk individuals to seriously consider adopting lifestyle changes intended to reduce some of their risk factors--including reducing fat intake, maintaining or achieving desirable weight, restricting salt intake, and stopping smoking. This is one way we envision the public appropriately applying the available knowledge about nutrition and health given the various levels of scientific certainty in this area. There are certain guidelines which will constitute prudent dietary advice for the general population based on developing scientific knowledge of nutrition and its relation to health. Based on that knowledge, people should apply their own common sense and their personal values about the potential health risk posed by the standard American diet. Obviously, people cannot change family history or any genetic predisposition which may exist, but changes in dietary practices and smoking are areas for intensive efforts to reduce important risk factors for coronary heart disease.

Since food patterns are established at a very early age, parents and other caretakers of infants and young children must play a strong role in determining the nutritional health of children. Emphasis should be placed on helping parents and others understand the nutrition needs of children and how best to meet them while, at the same time, helping them develop sound dietary habits for life. Parents and the family have a major impact on the health status of children. Even before birth, the mother's nutritional status can influence the physical and mental growth of the child. Parents of children born into "high-risk families" should be aware of the important influence of child health care practices in early life. Capitalizing on health care and social service programs to reach young mothers and fathers with nutrition education can positively affect present as well as future generations.

There is increasing evidence that risk factors which increase the probability of premature death and disability in adulthood are detectable even in young children. Careful reconsideration now is being given to the appropriateness of current recommendations for infant feeding as it relates to the normal development and health of children and adults. Evidence is also developing that young people who are in the top five percent of their age group for blood pressure and for serum cholesterol levels may remain at the top of the range for these heart disease risk factors as adults. Such new knowledge has led us to consider ways to identify children who may be at high risk of disease as adults, either because of their own characteristics or because of a family history of obesity, high blood pressure, high serum lipids, diabetes, or anemia. Early identification of high-risk children could help to determine whether interventions early in life to reduce these risk factors may prevent or retard the development of disease in adulthood. It might be appropriate, for example, to delay the introduction of solid food in early infancy. This concept of high-risk children could be incorporated into existing screening components of such efforts as the Maternal and Child Health (MCH) and the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Programs. In fact, many States already are doing this.

Appropriate balance between calorie intake and energy use is another important concept related to nutrition and dietary practices which should become central to efforts to educate parents and children in order to establish early in life a pattern of physical activity related to the number of calories consumed. Dental caries can also be significantly affected by a change in dietary practices in addition to the use of flouride. In particular, dental caries can be reduced by avoiding a "contact diet" of sticky sugars (for example, candy) between meals.

Nutrition Education and the Health of Children

Over the long run, one of the most productive ways to improve the health status of the Nation is to increase the understanding of nutrition and prudent dietary practices among our children. Preschool and day care settings and elementary and secondary schools are important places where this can be done. We believe that more needs to be done toward developing model health education curricula and innovative techniques to assist in teaching children and youth about health and the role of nutrition in health and how they can practice more healthful food purchasing, preparation, and consumption habits. As an example of efforts in this direction, local schools and communities are supporting through their own initiative a curriculum that integrates education about nutrition into the total learning experience at all grade levels. This model curriculum, developed by the School Health Curriculum Project of the Bureau for Health Education, Center for Disease Control, currently is being used in over 300 school districts in 35 States. Nutrition is an integral part of the teacher-administrator training aspect of this curriculum. We are exploring the possibility of developing health education curricula that could be made available to preschool and day care settings.

School feeding and vending practices also contribute to the social climate which influences dietary habits of young people. Increasing concern about children's nutrition is being expressed around the country through parental demands for improvements in the quality of school feeding programs. Much could be done to provide nutritious food choices in feeding and vending programs in the schools through joint efforts of the PHS, OE, and the USDA. In a related area, we commend the USDA for its new guidelines for sugar content in cereals served in the Women, Infants, and Children (WIC) Program, which presently are undergoing public review.

Among the factors which influence food choices, television advertising obviously plays an important role. The impact of such advertising on children may be especially important since children and parents often will not have appropriate overall nutrition information or concepts against which to judge advertising appeals. As a part of an overall effort to educate the public about nutrition and prudent dietary practices, a change in present advertising would probably be beneficial, particularly for advertising directed at children. In considering the appropriate Federal role in this area, the Public Health Service has been developing the concept of a voluntary code for broadcast advertising. While a voluntary code would not eliminate all undesirable food advertising directed toward children, it could substantially affect the climate for such advertising and, consequently, prompt the parents of young children to take action to reduce thier consumption of less nutritious foods and snacks. We commend the current efforts of the Federal Trade Commission to bring a reasonable degree of regulatory control to bear in the area of nutrition-related advertising, particularly on television.

Importance of Nutrition Throughout the Life Cycle

Those who have studied the problems of aging believe that an adequately nutritious diet also helps older persons retain the capacity to remain active and productive. Researchers, health practitioners, and others are becoming more aware of the importance of good nutrition to maintaining and promoting the health of persons over 65 years of age. We are learning more about health problems stemming from nutritional deficits and the positive effects of changing unfavorable dietary habits at any age. Nutrition education may be especially beneficial to elderly persons, their families, and others responsible for their care at various stages in the life cycle, including menopause, times of great psychological stress, grief, and depression. We must continue to study the nutritional status of the elderly in order to better design and manage educational, food assistance, and other programs aimed at improving their lives and preventing premature illness and death.

NUTRITION EDUCATION AND THE TREATMENT OF DISEASE

The role of nutrition, or rather altered nutritional intake in the form of special diets, is beginning to receive increased attention by the medical community. The efficacy of including dietary management as an essential, and primary, aspect of treatment has been demonstrated with diabetes and kidney disease, for example. Pediatricians and obstetricians, in particular, generally recognize and support the application of nutritional and dietary considerations in promoting the health of infants and young children and pregnant women and their unborn babies. This is an opportune time for the further integration of nutrition knowledge into professional and public health education. Many physicians still lack the concern, the information, and the skills to integrate nutrition into their practices, although they may accept the idea that nutrition is an important determinant of normal health and development and of physical and mental illness. Overcoming bias or skepticism requires stronger evidence than would be the case in a climate of neutrality. In addition, nutrition is a difficult field in which to reach definitive conclusions. The health role of some nutrients is now clear, but the amounts required by individuals or population groups depends on many other interactive factors (genetics, environmental hazards, disease status, etc.). We need to know more, too, about changes in agricultural practice which have increased the production of food, but in certain circumstances may have affected its nutrient content, including important vitamins and minerals. Other alterations in the food supply (chemical additives and animal feed modifications) pose other questions. As we acquire knowledge about the relationship between nutrition and dietary practices and the development and exacerbation of disease states, we must move to ensure the integration of such knowledge into medical education and the treatment of disease.

NUTRITIONAL STATUS AS A GUIDE TO EDUCATIONAL NEEDS

Ideally, thorough and accurate assessments of the Nation's nutritional status performed periodically should help guide the development of programs, including educational efforts, intended to reduce the risk of health problems stemming from dietary imbalances and excesses. The assessment of nutritional status and needs enables us to determine the nature and magnitude of nutritional problems and current dietary habits, and, as a result, to provide more appropriate guidance about nutrition. The nutritional surveillance activities of the CDC have identified major nutritional problems such as anemia, presumably due to iron deficiency, obesity, and growth retardation among preschool children. The Center for Disease Control has been working to assist a number of States to develop a nutrition surveillance mechanism for identifying certain nutritional problems among high-risk populations. In addition to actual clinical measurement of nutritional status, information is collected by the National Center for Health Statistics (NCHS) through direct examination and interviews of samples of the population. Since 1970, NCHS has had responsibility for measuring and monitoring through continuing surveys the nutritional status of the entire population, but much more needs to be done in nutrition assessment of both healthy and ill individuals. These efforts are, of course, complemented by the periodic surveys of food consumption conducted by USDA.

Placement of responsibility for monitoring nutritional status within NCHS was not done solely because the mechanism and methodology to collect the data existed there. Understanding the role of nutrition as a determinant of health requires more than the collection of information on dietary intake data, laboratory test results, body measurements, and clinical assessments of relevant health conditions. It also requires analysis of the complex interrelationships among these variables within various subgroups of the popualtion by such variables as age, race, and income. Examples best illustrate this. Obesity (and at the other extreme anorexia nervosa) is an important health problem related to dietary intake but to other variables as well; in fact, analysis of HANES I data indicates that for some age-sex-race subgroups the relation between caloric intake and obesity may be an inverse one unless other relevant variables (e.g., activity levels) are taken into account. Another example concerns the apparent widespread anemia reported in the HANES I and other programs. On the basis of dietary survey data alone, one could only attribute this anemia to an inadequate iron intake. However, the analysis of HANES I data on other variables indicates that for some age-sex-race subgroups this is not the explanation. This finding has led us to focus in HANES II on other causes of such anemia (e.g., infection, bleeding, cancer, etc.). Finally, only the fact that the HANES program had dietary data along with the other related information enabled us to identify the more complex relationships indicated in the obesity and anemia examples and to avoid incorrect inferences from the dietary data and other nutritional status variables collected separately.

I believe the greatest utility of the findings of the HANES programs is in the provision of a data base with respect to a variety of health and nutritional measures. This data base will support the efforts of the Department and others engaged in nutrition research, in health program planning, and in the delivery of health services. Data from HANES and other DHEW surveys related to nutrition have been introduced into medical textbooks. For example, growth and development, skeletal maturation, cholesterol levels, and physiological data appear in Nelson's textbook of Pediatrics. Epidemiological analysis has much to contribute to the development of educational programs related to nutrition and dietary practices and much more needs to be done in the nutrition assessment of both well and ill individuals.

CONTRIBUTION OF RESEARCH TO NUTRITION EDUCATION

Human nutrition research opens the door to increased understanding of health and disease, and how the foods we consume contribute to both.

Most often thought of as the search for knowledge about the effects of nutrients on the body, nutrition research actually spans a continuum from the basic biomedical inquiries to studies on the behavioral aspects of nutrition as background to the development of nutrition education and other services.

A major problem faces nutrition research and subsequent professional and public health education: how to develop and present useful information on nutrition within a reasonable allocation of resources. The formidable task that faces the PHS in nutrition knowledge development is to support coordinated high quality nutrition research, including appropriate clinical trials, and to devise mechanisms to make that information socially useful.

Research on Behavior and Nutrition

During the past several years, there has been increasing emphasis on prevention, education, and control activities in health research. Collectively, these research activities contribute to a sounder basis from which to pursue nutrition education efforts. I believe the following research efforts illustrate why this is so.

The National Heart, Lung, and Blood Institute and Stanford University in 1972 undertook a major research project to determine whether community health education can reduce the multiple risk factors associated with cardiovascular disease. This project, known as the Stanford Heart Disease Prevention Program, was conducted in three Northern California towns. In two of the communities there were extensive mass-media campaigns over a two-year period, and in one, face-to-face counselling also was provided for a small subset of people at high-risk. The third community served as a control. The purpose of both the mass-media campaigns and the counselling was to produce awareness of the probable causes of coronary heart disease, including the role of dietary factors, and to provide the knowledge and skills necessary to accomplish and maintain behavioral changes which may reduce risk. Such behavioral changes included the reduction of saturated fat, cholesterol, salt, sugar and alcohol intake. Reduction in body weight through caloric reduction and increased physical activity was also a part of this intervention.

People from all three communities were interviewed and examined before the campaigns began and one and two years afterwards to assess knowledge and behavior related to cardiovascular disease (e.g., diet and smoking) and also to measure physiological indicators of risk (e.g., blood pressure, relative weight, and serum cholesterol level). Studies have shown that the habits influencing cardiovascular risk factors are complex and longstanding ones, often reinforced by culture, custom, and continual commercial advertising, and unlikely to be strongly influenced by mass media or face-to-face instruction alone. For this reason, the results obtained to date through the Stanford Heart Disease Prevention Program are all the more encouraging. The study has revealed that sustained health education efforts consisting of specially designed and timed media approaches and face-to-face counselling can have significant positive effects on knowledge, behavior and the reduction of risk factors. In the control community the risk of cardiovascular disease increased over the study period, but in the treatment communities there was a substantial and sustained decrease in risk.

A salient aspect of this research that has implications for nutrition education is the proven efficacy of specially designed media messages and instruction that is carefully tailored to the information-seeking habits of the target audience. Although we have yet to define an optimal strategy for conducting education about nutrition and dietary practices, research of this type greatly enhances our understanding of effective methods for influencing dietary behavior, as well as the potential effectiveness of subsequent educational efforts.

NHLBI's Multiple Risk Factor Intervention Trial (MRFIT), which was initiated in FY 1972, tests whether intervention in a group of 12,000 men 35 to 54 years old, who are at an above-average risk of death from coronary disease can yield a 50 percent reduction in mortality from coronary heart disease. The nutritional intervention component of this clinical trial is designed to bring about changes in eating habits to achieve a reduction in serum cholesterol and hypertension through control of weight and sodium and potassium intake. This dietary intervention program utilizes techniques and knowledge of group dynamics and behavior modification. Particularly important to this study is simultaneous evaluation of several risk factors. The nutrition methodology used in MRFIT is standardized with that used in lipid research studies to facilitate comparison among different studies.

Nutrition and Aging

Since its formation in 1974, the National Institute on Aging (NIA) has actively supported nutrition research and stimulated interest in this area among individual researchers and major research centers in the U.S. Although NIA's activities related to nutrition are too numerous to describe in detail, I would like to highlight some of them. The Institute is attempting to bridge gaps in our knowledge on dietary intake and the nutritional status of the aged through epidemiologic research conducted in collaboration with the National Center for Health Statistics and other government agencies. An intensive longitudinal study is providing data on diet and metabolism; and efforts are being made to incorporate research on other factors influencing nutritional status (i.e., economic, behavioral and social factors) into NIA's program. It is expected that these and other studies ultimately will help us learn more about the role of diet in the development and treatment of disease, and to identify measures, including dietary modifications, likely to prevent premature morbidity and mortality. The Institute also is planning a major conference on "Nutrient Utilization and Nutritional Status of the Elderly," for early 1978. The purposes of the conference are to expand research interest in nutrition and aging and to identify studies which warrant coordination or collaboration with the various NIH Institutes.

Dr. Fredrickson, the Director of the National Institutes of Health, is prepared to elaborate on NIH activities related to nutrition and nutrition education.

EXAMPLES OF NUTRITION EDUCATION ACTIVITIES OF THE DEPARTMENT

The Department employs a variety of approaches to education about nutrition. The nutrition information and education programs of the Food and Drug Administration (FDA) usually are intended for the general public, as for example the broad campaign which was undertaken to introduce nutrition labelling to consumers. As you know, at present, all food regulated by FDA to which a nutrient has been added or for which a nutritional claim is made must be nutrition labelled. Recognizing that nutrition information will be most useful to consumers when it is applied across the board to all foods, we are actively seeking to encourage the extension of nutrition labelling to additional classes of food, for example, fresh fruits and vegetables. In conjunction with nutrition labelling, FDA is conducting a continuing program to help consumers utilize the new information on food labels.

FDA also is supporting two nutrition education research projects which incorporate nutrition labelling. One program, with Utah State University, is designed for use in elementary schools and the other, with Colorado State University, for use with adults in a workshop environment. Both programs are designed to teach consumers how to select foods which will provide a nutritionally balanced diet. These programs have been under way for over two years and are being thoroughly evaluated in pilot programs prior to their release for public use by nutrition educators. As support to agency education programs and the nutrition community in general, FDA has completed and disseminated reports on two Consumer Nutrition Knowledge Surveys and is currently conducting a multipurpose survey which will provide information about public knowledge and attitudes about nutrition labelling, dietary supplements, food faddism, and food additives. Under contract with the University of North Carolina, FDA is designing and developing a model for teaching nutrition in medical and allied science schools. Evaluation of the model will be made through the National Library of Medicine's AVLINE program and the Health Science Consortium at the University of North Carolina.

Although current labelling requirements assure public availability of information on the nutritive value of many food products, FDA recognizes the need to determine the effectiveness of the present nutrition labelling format and to explore the possibility that alternative formats may communicate more effectively with the consumer. As the preliminary step to improved food labelling, the agency is initiating behavioral science research in the areas of consumer perception and information processing. The data generated from this research are essential to the development of improved nutrition labelling, and will provide information useful in all nutrition education programs.

The FDA is providing support to the Department of Commerce in designing, developing and conducting education programs in nutrition and food safety for low-income populations. The overall goal of these projects, which are conducted by the Opportunities Industrialization Center (OIC) of America and the National Urban League, is to test whether information on nutrition and health can be effectively disseminated to low-income consumers and persons with low literacy levels with the objective of affecting their attitudes and fostering healthful behavior. The OIC project also is testing the previous research finding that indigenous community residents who lack experience and expertise in nutrition can become effective consumer representatives and educators within the target population. Results obtained from these projects are not entirely conclusive; however, they do tell us something about the critical need for information on nutrition and health and about the design of effective strategies for reaching and assisting low-income consumers.

We have learned that the acceptance of nutrition and health information is not culturally bound, although the presentation and formatting of such information clearly requires consideration of ethnic and cultural diversity. Perhaps more important is the observation that informational approaches tend to produce the most rapid attitudinal and behavioral change when the information is not focused on lifelong habits, but rather on behavioral changes which do not require drastic modifications in lifestyle. This finding provides valuable insight in conducting nutrition education programs. The exception to this appears to occur when there is a pressing perceived need which is consistent with the information being presented. We find, for example, that senior citizens, expectant mothers, and mothers of young children are among those most likely to respond favorably to recommended dietary changes, even when those recommended changes may be substantial.

While our nutrition education activities have been beneficial in many instances, we still know very little about the long term effectiveness of such efforts because consumers have not been exposed to a continuous nutrition and health educational experience involving reinforcement of essential health messages over time. Where this type of intensive educational process has occurred to some extent, as with the community consumer representatives who have become involved in the FDA projects, there is some evidence that persons without prior knowledge or experience in nutrition do exhibit changes not only in their own dietary habits, but also positively influence the dietary practices of their families and close friends.

For several years, the FDA has been engaged in the development and dissemination of educational material on nutrition, food safety, and other topics for use in the public school system. These "FDA Mini Lessons" have been so well-received by teachers and other school personnel that consideration now is being given to ways to make them more widely available. In addition, other consumer nutrition education materials--including consumer memos, pamphlets, films, television clips, slides, and brochures--are widely distributed to professionals and consumers by FDA regional and district offices. Through workshops, seminars, and similar experiences, FDA reaches "multiplier groups" such as teachers, USDA Extension Agents, dietitians, and other professionals who interact with large numbers of consumers. In the first 10 months of FY 1977, it is estimated that approximately 1.4 million persons were reached by FDA through these types of activities.

The focus on the consumer's response to educational activities must not overshadow the need to more carefully examine the strengths and weaknesses of existing approaches to delivering nutrition information and education to both the general public and selected target audiences.

Reaching Consumers Through the Health Care Delivery System

One of the principal ways in which nutrition policy is translated into effective programs is through State and local public health systems and through private nonprofit health and social service agencies. The Bureau of Community Health Services (BCHS) in the Health Services Administration (HSA) administers a variety of programs which strengthen the local community's capability to provide health care to the underserved and disadvantaged of the Nation, and particularly the young, the poor, and members of minority groups. Through the years nutrition services have been an integral part of BCHS programs; and today, increased attention is being given to (1) the assessment of nutritional status; (2) diagnosis and treatment of nutritional problems; (3) dietary counselling for well and ill individuals; (4) nutrition education for physicians, nurses, and other health care providers, as well as for patients, their families, and the community as a whole; and (5) training programs for nutrition personnel and other members of the health care team in public health nutrition and maternal and child nutrition. As interest in, and support for, nutrition education continues to grow and develop within the country as a whole, we expect that BCHS projects in family planning, maternal and child health, and comprehensive health services in rural and urban areas will become prominent advocates for nutrition education.

Because of the indirect nature of many of the programs administered by BCHS (e.g., Formula grants to States authorized by Section 314(d) of the Public Health Service Act), it is impossible to say exactly how much is spent for nutrition. It is estimated, however, that over $5 million is obligated by the Bureau for nutrition (exclusive of the Title V Maternal and Child Health State formula grants and 314(d) State formula grants which support a major portion of the nutrition services in State and local health agencies across the Nation).

In an effort to improve the use of nutrition resources in meeting the needs of individuals and families, the nutritionists of the Health Services Administration and the Association of State Directors of Public Health Nutrition have been working with the staff of the Federal Extension Service to develop a viable mechanism for improving coordination between State health and Extension agencies. In June, representatives from the Federal, State, and local levels of extension services and public health nutrition met to discuss program activities and find ways to extend education and services in nutrition to more people. The Department strongly supports this effort and wishes to see it strengthened and continued.

Programs of preventive care and nutrition services also are provided by the Health Services Administration to American Indians and Alaska Natives and to patients in Public Health Service hospitals and clinics. For Indians, this includes prevention and direct patient care with an emphasis on nutrition services, the operation and management of the dietary departments in the 51 Indian Health Service hospitals, training and development of Indians and Alaska Natives for careers in food service and community nutrition, and advocacy for the improvement of the quantity and quality of the family food supply. In addition, in-service education and training in nutrition are provided to physicians, nurses, and other members of the health team. Nutrition and dietetic services and consultation also are provided to tribally administered programs with a nutrition component, such as Head Start, day care centers, detoxification centers, schools, Title VII (Older Americans Act) feeding programs for the elderly, extended care facilities, and facilities for the mentally and physically handicapped. Estimated expenditures for nutrition-related activities of the Indian Health Service reached approximately $1.4 million in fiscal year 1977.

A special aspect of the Department's nutrition responsibilities relates to assuring adequate patient nutrition in long-term care facilities. Through standards promulgated in 1974 for skilled nursing homes and intermediate care facilities, DHEW requires such facilities to provide therapeutic diets prescribed by the physician and a hygienic dietetic service managed by a qualified supervisor and adequate support staff. A study in 1975 found that about four of every 10 facilities surveyed had a full-time qualified dietetic service supervisor, and 90 percent of the skilled nursing homes received some consultation or supervision of these dietetic services from a qualified dietitian. Menus were planned in writing for 89.3 percent of the patients in the sample. It is worthwhile noting that there was a positive correlation between the patient's menu being planned in writing and the nutritional adequacy of the meals served.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has been working to increase awareness among physicians, the scientific community, and the general public of the relationship between alcohol consumption, nutrition, and health. Heavy alcohol consumption interferes with normal vitamin metabolism, resulting in insufficiencies of the vitamins pyridoxine, thiamine, and folate. Alcohol, as a toxic substance, also can damage and functionally impair the principal organs of the gastro-intestinal system. This may lead to the development of many forms of secondary malnutrition even in individuals who otherwise are ingesting an adequate diet. Informing and educating consumers and health professionals about the effects of alcohol on nutritional status is a continuing responsibility of NIAAA.

Reaching Consumers Through Other Channels

Other representatives from the Department are present and will comment on the activities of the Administration for Children, Youth, and Families and the Office of Education. I will focus my remarks at this point on nutrition programs for the elderly.

Nutrition Programs for the Elderly

Many elderly Americans do not eat adequately because (1) they cannot afford it; (2) they lack the skills to select and prepare nourshing, well-balanced meals; (3) they have limited mobility which impairs their capacity to shop and cook for themselves; and (4) their feelings of rejection and loneliness often squelch the motivation needed to prepare and eat a meal alone.

Under the auspices of Title VII of the Older Americans Act (OAA), DHEW has taken action to provide hot meal programs for the elderly. More than 700 Title VII feeding programs are currently in operation across the country, providing 300,000 hot meals daily for elderly citizens. Most of these programs provide meals in a congregate setting, thereby addressing the nutritional needs of the elderly and the problems of social and psychological isolation which often accompanies old age and contributes to poor eating habits. Further, in an effort to reach those who are handicapped or otherwise homebound, "meals-on-wheels" programs presently deliver about 30,000 meals daily.

Nutrition as a Component of Health Information and Health Promotion Efforts

The Office of Health Information and Health Promotion (OHIHP) has been established within the Office of the Assistant Secretary for Health to provide a focus for Federal health policy development, priority setting, and coordination of public and private sector efforts in the areas of health promotion, preventive health services, health information, and education of the public in the maintenance of personal and family health and in the appropriate use of the health care delivery system. Nutrition has been identified as a high-priority area for this office. OHIHP's proposed activities include the assessment of the current needs and opportunities for educating a variety of target groups about nutrition--especially young people--so that healthful nutritional concepts and habits are adopted early in life and maintained over time. As a result of this assessment, the office will suggest directions for policy and further research and demonstrations in nutrition education. In its coordinative role, OHIHP has had extensive discussions with organizations concerned about nutrition, scientists, consumer representatives, and others on the value of establishing dietary guidelines for the population. These discussions are continuing as a means of exploring ways in which the Department, other Federal agencies, and the public and private sectors can better relate nutrition and dietary practices to the promotion of health and the prevention and amelioration of disease.

RELATIONSHIP OF DHEW TO OTHER AGENCIES IN THE PUBLIC AND PRIVATE SECTORS

Although the Federal Government's efforts to educate the public about nutrition are not, as yet, well coordinated either internally or with other public and private sector activities, progress is being made in this area. We continue to cooperate with other Federal Departments in an effort to minimize duplication and to establish complementary goals and strategies for nutrition education. The Department's health programs throughout the Nation serve as the base for the Department of Agriculture's food supplement program (WIC program) to provide nutritious foods to pregnant women, and to infants and children who are determined by health professionals to be at risk because of inadequate nutrition and income.

The National Center for Health Statistics, in conjunction with the Center for Disease Control, has developed growth charts for use in screening persons age 1-18. These charts have been distributed for use in health care delivery programs; and over four million copies have been reprinted by the pharmaceutical industry for distribution to pediatricians. A similar effort is now being planned for hematology screening to aid in the more uniform assessment of anemia in children.

There exists a Federal Intercommunications in Nutrition Group (FICIN). This is an informal group of persons who are working in Federal nutrition programs in "responsible positions." The main objective of their meetings, held 3-4 times a year, is mutual exchange of information on actual programs and places for future work in nutrition with particular emphasis on research and coordination. The following agencies are represented on FICIN: NIH, HRA, FDA, HSA, ARS/USDA, AID, FTC, and others.

Many things could be done by the private sector to improve public understanding of nutrition, the nutrient content of foods, and the quality of the American diet. Such activities could include, for example, the provision of more nutritious convenience foods, more food options in fast food outlets, and more assistance in food selection and in meal planning in grocery stores. Restaurants could supply more information on calories and the nutrient content of foods served to assist the public in dietary and weight management, since more than 50 percent of American meals are consumed away from the home.

Thank you for the opportunity to present the Department's plans and activities related to education about nutrition and dietary practices. My colleagues and I would welcome any questions from the Subcommittee.

Mr. Richmond. Thank you very much, Dr. Lashof.

Your testimony states the problem, but I have not heard any hard information as to what we are doing about nutrition education in the United States—or to what your agency is doing.

How much money do you spend in nutrition education?

Dr. Lashof. I do not have a hard budget figure on nutrition education. What I have tried to say in the testimony is that we have approached it in many different ways reflected by the missions and specific program authorities of our various agencies, and I thought we highlighted that well in the testimony.

Mr. Richmond. How much money do you spend?

Dr. Lashof. As I mentioned it is an integral part of multiple programs, and we have not been able to come up with a specific figure to pinpoint exactly what is spent on nutrition education. I submit to you that if a community health center and a maternal and child health program, which are the direct deliverers of health care services and relate to individual mothers and children includes nutrition education in that context, we have no way of pinning a dollar value to that type of educational programs or function.

Mr. Richmond. Something like the WIC program?

Dr. Lashof. The WIC program is the actual food supplement program for a certain group of people, and we do nutrition education with that.

What I would like to stress is that all of the counseling for those mothers and children includes nutrition as a part of the care review and delivery process in our 400 community health centers plus many more maternal and child health programs across the country. I cannot put a dollar figure by dividing up a nurse's time and by saying that 20 minutes of this half-hour counseling was for nutrition; therefore, we count up all of the 20-minute periods of a nurse's time and put a dollar figure on it.

Mr. Richmond. Aside from poor people, what are you doing for the general American public? As you know, the average American gets very little education as to what to eat and what not to eat. The Department of HEW has some responsibility toward teaching the general public.

Dr. Lashof. Yes.

Mr. Richmond. What are you doing about it?

What are you doing about teaching the general public good nutrition habits?

Dr. Lashof. What we have been trying to develop is in the FDA program where they have been trying to teach things about labeling and trying to put out information in relation to that.

Mr. Richmond. We are far behind in labeling as you know.

Dr. Lashof. Yes, I know that. I make no pretense about thinking that we have conquered this area, and that we are doing everything we should. I think efforts are widening. I don't think they are adequate at this time. I believe the directions in which we are trying to move toward the school programs. I cited an example of curriculum development with a number of States. It is being tried out in 300 school districts, which represents a pittance in the country as a whole, I would agree.

Mr. **Richmond.** You mentioned labeling. Holland, Germany, and many other Western European countries are years ahead of us on labeling. They use very few additives. In Holland they only use five additives. Here, in the United States, they use something like 1,400 additives.

You know our figures on infant mortality. You know our figures on life expectancy and heart attacks. We are way down the list compared to many other civilized countries in the world; correct?

Dr. **Lashof.** Yes. I think that is quite correct.

Mr. **Richmond.** You are the Deputy Assistant Secretary for Health for all 215 million people in the United States. What are we doing to teach them that "You are what you eat?" What are we doing to teach the average American how to eat nutritious food rather than junk foods that he sees advertised every day of the week?

Ms. Foreman estimated that a child sees something like 100,000 TV commercials during its formative years. We heard other testimony last week that the average child in 1 year sees 8,500 TV commercials of which only one was on vegetables. One was on soybeans. So nothing is happening to convey any type of proper information to the American public. It is one of your major responsibilities I would think.

Dr. **Lashof.** I would hope it is one that we can rise to.

Mr. **Richmond.** What do you mean?

Dr. **Lashof.** We would like to see more accomplished. We are very concerned about the advertising situation and we are trying to explore ways that we might be able to introduce a voluntary code. We think the FTC is also exploring that. We would like to get public affairs time put aside to more effectively disseminate messages about nutrition. We have one-tenth time the food advertisers got and encouraged the stations to commit themselves to two public affairs media advertising. That, I think, is important.

The Stanford experiment represents an attempt to find out if it works. It appears to have been very successful in that experiment, although I must point out that the mass media combined with counseling was far more effective than just the mass media activities alone. We will need to do more studies like that.

Mr. **Richmond.** I think that if we produce some sufficiently attractive TV programs or radio tapes, they could be used for public service broadcasts.

Dr. **Lashof.** Yes. I think that is one activity we should try to do.

Mr. **Richmond.** Thank you.

I apologize for other members of the subcommittee not being here. We are completing a major piece of labor legislation on the floor of the House.

Our next witness is Dr. Peter D. Relic, Deputy Assistant Secretary for Education.

Dr. **Relic.** Thank you, Mr. Chairman.

Mr. **Richmond.** If you would like to summarize we can put your entire testimony in the record and then perhaps ask you some questions.

Dr. **Relic.** Yes. I would be glad to.

Mr. **Richmond.** Excuse me, Dr. Lashof. Before you leave, I would like to send you a series of questions if you would please respond in writing.

Dr. **Lashof.** Certainly. That will be fine.

STATEMENT OF DR. PETER D. RELIC, DEPUTY ASSISTANT SECRETARY FOR EDUCATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, ACCOMPANIED BY MARGARET POWERS, EDUCATION PROGRAM SPECIALIST, OFFICE OF EDUCATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Dr. RELIC. In addition to summarizing my testimony I would like to submit something that is not anecdotal, but is a specific situation which I believe is so germane to the situation and which perhaps would make sense to Members of the Congress and also to the American public. I would like to indicate a microcosm of what is possible through nutrition education indicating that if the priority is high enough at the local level there are resources available.

Before assuming the position of Deputy Assistant Secretary for Education 7 months ago, I was superintendent of the Hamilton City School District in Hamilton, Ohio. One of our 16 elementary schools, Van Buren Elementary School, had the lowest attendance of any school in the district in 1974. It had amongst the highest incidence in such problems as dental decay, lowest immunization rate of any school in our district, very low test scores relative to the other schools.

We developed a comprehensive approach to health education centering around nutrition in that elementary school. We determined that through working with students and their teachers and the community, principally the parents of the students, we would attempt to increase the knowledge of nutrition and develop a program of good nutrition and a coordinated program which interrelated our breakfast and our health programs to the health curriculum to help health services in the physicial fitness program.

We found that the resources were available to accomplish all of this, namely, title I ESEA moneys could be used in these areas. Title IV(c) of 1976 could also be used. Obviously funding from the breakfast and lunch programs could also be used.

There was extensive technical assistance available from the nutrition agency of the State Department of Education and extensive NIH publications were available for staff in service. Local business and industry helped and there was a high enough—and this is key—local priority so that we could commit our local share, meaning curriculum development and funds for teacher education.

Within 1 academic year, partially by providing a program of breakfast in the school which let kids come to the school early—50 percent of all the children we ascertained in that school, received no breakfast until that time—that school went from the lowest attendance quintile, to the highest attendance quintile in the district.

In addition to that——

Mr. RICHMOND. Where was that?

Dr. RELIC. It is in Hamilton, Ohio, in the Cincinnati area.

Mr. RICHMOND. Do you know that only one out of five children has breakfast at home?

Dr. RELIC. Yes. Relative to the rest of our district, we found that the 50 percentage was exceedingly low relative to the other 15 elementary schools.

I am aware of the statistics you cite. However, in addition to that we found a significant improvement in test scores and while who can say what the variables were, the mere fact that the children were in school rather than out of school, we attribute as one of the variables to improved testing.

In the President's Council——

Mr. RICHMOND. Does it have a school lunch program too?

Dr. RELIC. It had existed until that time but the breakfast program had not.

Concerning the President's Council on Physical Fitness, which of course, measures the percentage of students who can attain minimum degrees of competence and strength in various areas, the school entered the competition in 1974 and was awarded the first place award in the entire State of Ohio. There are 617 school districts representing thousands of elementary schools. It repeated in 1975 as the No. 1 school in the entire State and we hope has retained that for the third straight year in 1976.

I repeat, the key to the entire program was the nutritional program and interrelated to all of that such things as comprehensive school health and the physical fitness program. I do repeat that all of the resources were available by merely stating that it was a top local priority and we found that resources were available.

Mr. RICHMOND. How many schools are undertaking this type of program in the whole United States?

Dr. RELIC. To my knowledge, no other school.

Mr. RICHMOND. Just that one?

Dr. RELIC. That was the only school in Hamilton because the need was so great. What we were attempting in one school in Hamilton now can be replicated through the entire school district.

Mr. RICHMOND. You have not tried that program in any other school areas?

Dr. RELIC. No, not yet.

Mr. RICHMOND. I agree with you that a program of school breakfast and school lunch made up of nutritious foods, coupled with physical fitness, is the answer to better health and better scholarship.

My distinguished colleague will now take over while I go vote.

[The prepared statement of Dr. Relic follows:]

STATEMENT BY DR. PETER D. RELIC, DEPUTY ASSISTANT SECRETARY FOR EDUCATION, EDUCATION DIVISION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Mr. Chairman, I am Peter D. Relic, Deputy Assistant Secretary for Education. Dr. Berry, who had planned to testify before the Subcommittee this morning, could not be present this afternoon due to a previous commitment. I am pleased to present testimony today on the limited role played by the Department's Office of Education in the area of nutrition education.

There are two programs administered by the U.S. Office of Education which mandate nutrition/education as components of their programs: Vocational Education under Part F, Consumer and Homemaking Education and Follow Through. The program grants for Demonstration Projects to Improve School Health and Nutrition Services for Children from Low-Income Families (authorized under P.L. 91-230, Section 808 of Title VIII ESEA) was consolidated in FY 1976 into ESEA Title IV under P.L. 93-280, a State Grant Program.

I will briefly describe some of the Office of Education's activity under Title IV.

Overview

Title IV ESEA is a consolidated grant program to State Departments of Education. The money is allocated on the basis of the population of children 5-17 in each State.

Decisions on how the money is to be used are made at the State and local levels. The legislation provides for nutrition education under its various parts:

Part B - Libraries, learning resources, media, textbooks, guidance, counseling and testing.

These funds flow to the local education agencies on a formula basis. The Locals have complete discretion on how the money is to be used.

Part C:

Section 431(A)(1): supplementary educational centers and services to stimulate and assist in the provision of vitally needed educational services . . . not available in sufficient quantity or quality, and to stimulate and assist in the development and establishment of exemplary elementary and secondary school programs . . . to serve as models for regular school programs (formerly ESEA Title III).

Section 431(A)(2): support of demonstration projects to improve nutrition and health services and education in schools serving large numbers of children from low-income families through coordination of resources in local communities by the LEA. (Formerly ESEA Title VIII, Section 808).

Section 431(A)(3): strengthening the leadership resources of State and local educational agencies, and for assisting those agencies in the establishment and improvement of programs to identify and meet educational needs of States and of local school districts.

Preliminary information on program activity for FY 1977 suggests that over $100 million was spent by States for projects under Sections 431(A)(1) and (2). About $2 million was spent on health and nutrition. Of the $2 million, perhaps $300,000-$500,000 was spent on nutrition per se. More precise information is expected with the FY 1977 Annual Reports, due by October 1. These projects are developmental, demonstration in nature.

Under 431(A)(3) a total of $50,850,000 was allocated to States in FY 1977 for the purpose of strengthening State and local education agencies. A gross estimate of dollars spent for nutrition activity under 431(A)(3) might be $70,000. Seven states included objectives in their State Plans related to Health, Nutrition or School Food Service.

As you know, there are a number of other programs with the potential for health and nutrition components: Consumer Education, Community Education, Title I ESEA, Environmental Education, Bilingual, Handicapped, Career Education, Right to Read. Indeed, some projects do include health and nutrition components, the decision to do so being made at the local levels in most cases. Because health and nutrition has not been seen as a high priority, resources have not been allocated to monitor or to provide leadership from the federal level. There is at present no focal point in the Office of Education for advocacy and coordination of nutrition or health education activities.

Although it is likely that most educators would concede that education for the development of citizens who have the functional literacy and competency necessary for maintenance of optimum health is important, a lack of firm commitment to this belief is revealed by the low priority given to the implementation of the concept. This absence of commitment is strikingly evident when we look at local programs supported by Federal funds whose authorizing legislation contains broad and general language which makes it clear that the use of funds for health and nutrition education is possible, although it may not be overtly mandated.

Just as health and nutrition are not generally seen as a high priority at the local level by decision-makers, they have also not been highlighted at the Federal level when you look at the leadership provided and the resources allocated. Although some OE programs have provided support for nutrition education generally within the context of projects of broader scope and usually based upon the initiative of the local grantee, there has not been, nor is there currently, a focal point in the Office for the advocacy and coordination of nutrition and health education activities or initiatives.

Need for Nutrition Education

The Dietary Goals issued by the Senate Select Committee has met with considerable resistance from within and outside of Government. I believe this controversy points up the dilemma educators and the public find themselves in with regard to nutrition education. What should be taught about diet and health? What information do students need to make intelligent decisions about a proper diet?

Nutrition education can no longer be seen from the narrow perspective of "what we should eat because it's good for us". The decisions individuals make about the food they eat not only affects their health but, when joined with the decisions of others affects the cost of health care in this country. These same decisions affect the economic and political forces related to food production and distribution, both in this country and abroad.

The ultimate question becomes, what should be the role of USOE in fostering nutrition education? Decisions on curriculum content are rightfully the prerogative of state and local agencies. State and local efforts should be encouraged. The Federal role should be one of support. The Office gets requests from teachers continuously for help in the area of nutrition education. The motivation is there.

I believe it is time to consider whether Federal education agencies should take a more active role in supporting those who have recognized a need to expand nutrition education in schools and in continuing education programs.

Consideration should be given to the following in determining what role the Office of Education might play:

1. Work with others in defining the role and scope of nutrition education.
2. Work toward raising the awareness of state and local education leadership for the need for a new look at nutrition education.
3. Stimulate nutrition education across the curriculum. Environmental education, Career education, Consumer education, Metric education, Physical and Biological Science, Political Science and Economics as well as Health and Vocational education bear on nutrition and food issues.
4. Encourage states to train teachers in nutrition education.
5. Assist in stimulating educators to utilize available nutrition education resources and to build on them for viable nutrition programs.

In some instances, these activities exceed the authorities governing the Congressionally specified uses of funds by the various Federal education agencies. We believe that the Congress should thoroughly consider the present Federal education role in the promotion of nutrition education and explore in what ways greater strides could be made.

Mr. McHugh [acting chairman]. Thank you.

Dr. Relic, let me say that I think you have touched upon some of the things that we should be doing and certainly one of the major problems that we have seen in the short time that we have been looking at this particular problem.

Certainly as a subcommittee, we place a priority upon nutrition education which is, of course, why we are holding these hearings. What we are looking for are some specific suggestions as to how we can cope with this problem of lack of coordination, and lack of responsibility.

It seems to me that it is clear that you have various agencies involved in one way or the other with health, food, and nutrition education, but it seems to me there is no coordinated policy of the Federal Government. There is no coordinated effort to get a clear and meaningful message across to people. Consumers are confused. They do not know to whom to turn for authoritative advice on nutrition. School children are being bombarded by television advertising which is estimated by studies to be over $1 billion a year and much of it is negatively related to health.

The Federal Government's efforts are, therefore, ineffective when compared to what industry is doing.

The question for us is how do we go about tying together what we are now doing and trying to maximize what we have already committed to this effort, which everyone who has testified here agrees is important?

Do you have any specific suggestions, not only with regard to the Office of Education but with regard to all of the agencies and departments in HEW and USDA which are involved in this disparate and uncoordinated effort at present?

Should we go to the President and suggest, for example, that he designate a person who is responsible in the executive branch of government for coordinating the various efforts now underway? Should there be a coordinating committee which can pull these things together?

I am addressing this not only to you, Dr. Relic, but to our other witnesses.

If you disagree with me on my conclusion and my premise, then, of course, say so. But it is my impression, and I speak for everyone on the committee in saying, that our effort now is not very effective. The messages that are being delivered are confusing to the average person. We are not competing at all with the food industry, for example, in terms of the negative messages that oftentimes are being conveyed to children and adults as well. What are we going to do about it?

Dr. Relic. Your question is so extensive that I think I would have to try to respond to just a few parts of it.

First, I think the potential does exist within the Office of Education to coordinate the U.S. Office of Education programs. Although it is difficult to say what is being done in nutrition education it is not impossible to say so, especially if there were high priorities to find out and to coordinate and create the advocacy office. Therefore, the first comment is that I think within the Office of Education itself, through the Commissioner's office, an advocacy can be established. That is an opinion. I do not know if the priority can be high enough to do so.

Second——

Mr. McHugh. Who is going to make that decision? You are in the Office of Education. You are saying that nutrition should be a high priority and that an advocacy person should be appointed by someone. How is this going to be done? Who is going to do it? I agree with you.

Dr. Relic. I am stating that as a possibility. Of course I am not in the Office of Education which is the Commissioner's to administer. I should think that it is a highest level determination with Dr. Mary Barry as the Assistant Secretary of Education and Ernest Boyer as Commissioner. and their immediate staffs to make the determination of what is possible and in what form.

Mr. McHugh. Is that something that has been discussed? You are the Deputy Assistant Secretary for Education. Is that something that has been discussed in your office and with the Assistant Secretary?

Dr. Relic. It is being done extensively. We are discussing the coordination between K through 12 comprehensive health education and encouraging and fostering local and State initiatives, including nutrition education as I mentioned, as well as physical fitness and the consequences of adolescent behavior. All of this is being discussed concerning comprehensive health education which relates to the second area of coordination also being supported by Dr. Lashof's office where coordination can occur. We continue to explore those areas also. Exploration is a weak word when we have the urgency on this.

Mr. McHugh. Let me say this in that regard. I have only been in Congress 2½ years. But those who have been here longer and who are interested in this subject tell me, and it has been my experience since I've been here, that whenever we have hearings everybody considers this a high priority. Congressmen are no different in some respects than people who work in the executive branch. We focus on it and we recognize the problems. We say that we have to do something about it. Then 2 years later there is another hearing and we focus on it and people come in and say the same things, and yet the consumer is out there at the grassroots telling us that nothing much changes.

We therefore are expressing good thoughts as Members of Congress and people in the executive branch, but somehow there is not the followthroungh to bring the results which all of us agree are important.

If my premise is wrong, and if any of you believe that the nutrition education problem is not as serious as I am conveying it, then please disagree with me. And I should say that I am not criticizing you as individuals. I am expressing my frustration at what I perceive to be the process that takes place. It sounds good when you testify and it sounds good when Members of Congress issue press releases about how concerned they are with nutrition. But the average person out there is not getting the message. They are confused.

Therefore, I intend to press at these hearings for positive steps that can be taken.

All of you have set forth goals which are very commendable. There is no disagreement on this committee on either side of the aisle, I am sure, with those goals. But what are we going to do? If we meet 6 months from now, can we pick up two or three things which we can ask you about where we can expect some positive response in terms of coordination, and in terms of advocacy, and in terms of some of the things that you have constructively suggested are good ideas?

Again, I apologize for the length of the question, but I do want to express my frustration at what I perceive to be the problem, not just with the people in the executive branch but with congressional hearings which sometimes do not get any place in terms of actually creating meaningful activity.

I would be happy to have anybody respond.

Dr. **Relic.** I am sure that Dr. Lashof and Dr. Fredrickson and others have comments, but I am persuaded to disagree with you perhaps on one point.

I do not think the public outcry is there yet. We certainly get a hue and cry in the media pinpointed. However, I believe that if indeed this Nation said that this was a vital area then we would have such pressures put on us by community based organizations and from the local education and State agencies, that they would show their concern by developing local programs and utilizing local and State moneys sufficiently to mount the program so that all the Federal effort necessary would be to coordinate what was going on in the 15,000 to 16,000 school districts. What we would have would be a national pattern. We have seen one example of what this Nation in the past several months has determined is the highest priority and that concerned immunization. It was one of the easiest things in the world to mobilize all the forces because everyone seemed to agree, at the State and local level, and it came out at the National level that we are going to do something significant in improving immunization up to 90 percent of more of the total immunizations of children. We do not see that kind of response.

When I cited statistics that we give $50 million of support to the State and local agencies, and we can figure out that perhaps $70,000 is used in nutrition education—then this shows the lowest possible priority at the State level. So what we are left with is the necessity to develop a Federal initiative and Federal coordination in spite of the lack of high priority at the State and local level.

Mr. **McHugh.** I did not mean to convey that there is a great political outpouring in the country for nutrition education.

What I meant to say was that we have knowledgeable people coming forward and saying that the Federal Government's effort is not effective and is not coordinated, and the messages are not getting through. We all agree. There is a glaring need, therefore, for leadership in spite of the fact that the average person may not be dissatisfied with all of the junk advertisement on television yet.

So, the issue for us, therefore, if we are leaders, is to provide the initiative and to provide the direction which we apparently are not providing now, but which must be provided in some coordinated fashion. You are all working very hard in your own areas. Yet, we are not going in the same direction with a unified policy.

Maybe it is Congress job to determine that policy, but we are looking for your direction at the very least.

Dr. Frederickson, do you have a comment?

Dr. **Frederickson.** My response to that question would be similar to Dr. Relic's but with several different overtones. I would agree with you. If there is one major missing element, it is a statement of Federal intent. That is, how far are we really ready to go and how authoritarian do we want to become in order to combat certain excesses that are now at the present time clearly one-sided in the favor of manufacturers of certain foods which make up a large part of the diet of children. Here we need a clear calling signal and it is a difficult one for Congress and the Administration to achieve for a variety of reasons that are understandable.

One of the first things that we do need is a clarification and a statement of Federal intent on at least how aggressively we should begin.

If we can accomplish that and the experts can help define certain areas that should be considered by the Congress specifically in this regard, then I would say that the next thing to do is to pick out the target subjects in the population. Once that is done, then the matter of coordination becomes somewhat easier to solve.

For example, if it were decided that one were to specifically educate a set of school children of age 6 to 12, then it would be very probable that the Office of Education, as Dr. Relic has described, could be a catalyst through the States for hitting that target population.

The expertise exists in all the agencies that you have heard from or will hear from to provide support for their program. He has referred to some of the educational materials that we have developed that we used in one of the school programs that he described. There are other areas of expertise.

On the other hand, if it is decided that one wants the target population to be those susceptible to disease, perhaps in adulthood, or specific patients, then it is not the Office of Education that should be involved but some other agency in the area of health services where that responsibility would have to be primarily coordinated.

If the targets are outlined and the intent is there, then the expertise can be combined and coordinated to strike in a major effort with regard to education. It is of high priority. In fact, it is the only useful end result of much of my own agency's activities. All the knowledge that we seek to develop and to push toward some value to improve the human condition depends ultimately on acceptance by the population and for that education is the greatest single key.

Mr. McHUGH. Dr. Lashof?

Dr. LASHOF. Yes; I would like to briefly comment on something I didn't mention before. We do have an Office of Health Information and Health Promotion that will actually only be fully funded for the first time in fiscal year 1978. That office is within the Office of Policy Analysis in the Office of the Assistant Secretary for Health. It has selected its three priorities that it will be directing its attention to. One of the top three priorities is indeed human nutrition education. So when I assure you we would be looking into things like mass-media, I really had in mind the work that this office would be doing. It has selected this as one of its three priorities.

The role of that office will be to coordinate the activities through PHS in this regard, working with FDA, CDC, and HSA, and the other programs throughout PHS.

In terms of coordination and cost, within HEW between PHS and OE, as Dr. Relic indicated, we do have our School Education Task Force meeting and working on trying to develop these curricular activities. As I indicated, we already have some experimental curriculum activities developed that are being tried in certain school districts. It is important that that material is used in working directly with OE in getting coordination in that activity.

In terms of other coordination outside of HEW and across the board, I think that is under consideration and discussion now. I do not think we have agreed on a set format, but I think we all recognize the need. As you heard this morning, the Office of Science and Technology has developed a draft report of which there are some disagreements in terms of some of the conclusions and recommendations. That draft report is being reworked and will be a top subject for high level policy discussion between the leaders of the agencies involved and out of that we would hope that we can come out with an agreed coordinated mechanism to assure that there is a kind of national policy in this regard. We are dedicated to see that develop.

Mr. McHugh. Thank you very much.

Mr. Richmond. Dr. Fredrickson, would you like to summarize your testimony and then we can ask you some questions?

We will put your entire testimony in the record.

Dr. Fredrickson. Yes; I will highlight it, but I will attempt to address the four issues mentioned in your invitation relative to our efforts. These are the types of information that we convey and the consumer population that we try to reach and the strategies for evaluation of the effectiveness that we have in our relationship with other agencies.

We are an agency whose mission primarily is biomedical research and education of the public is a byproduct of our efforts but by no means an unimportant part of our activities. I think, Mr. Chairman, that if I may, I would like to use four charts, and I will be glad to have these charts brought closer to you if you so desire. I think that your visual accommodation may be—it may tax your sight. Would you like to have those moved up?

Mr. Richmond. Yes; bring it up.

[The prepared statement of Dr. Fredrickson follows:]

STATEMENT BY DR. DONALD S. FREDRICKSON, DIRECTOR, NATIONAL INSTITUTES OF HEALTH ON NUTRITION EDUCATION

Mr. Chairman and Members of the Subcommittee:

You have heard today from Dr. Lashof and others that the Department places a high priority on nutrition and its educational components. At the National Institutes of Health, the same is true. However, we view nutrition education from a different perspective than most agencies.

The primary mission of NIH is biomedical research,and education of the public is a by-product of our efforts. It is important to keep this in mind as I address the four issues which you requested in your invitation. Those issues are types of information we convey, consumer population we reach, strategies we use, effectiveness of our current efforts, and our relationship with other agencies and organizations.

I think we can all agree, Mr. Chairman, that the vigor and productivity of the Nation's biomedical research is a necessary element to provide optimal health for everyone. The role of NIH is crucial in the development of the knowledge and dissemination of the research results which may benefit all people. As is illustrated in the first diagram, the principal focus of our attention with respect to dissemination of information is to other knowledge developers, the scientific community, practicing health professionals, and lastly to certain populations with special needs. These populations include pregnant women, children, patients, the aged, and those at high risk in all age groups.

Information is disseminated through a variety of mechanisms including literally thousands of medical and scientific journals, such as the Journal of the National Cancer Institute and the Journal of the American Medical Association, as well as through professional societies, workshops, and conferences. Still another method, as is shown in my second visual, is 35 publications dealing with nutrition. More than one million were distributed in 1976.

Public racks in almost 3,000 supermarkets, drug stores, and department stores are stocked with a selection of NIH publications. Although I will submit a detailed list of the publications, allow me to highlight a few of them :

- The hyperlipoproteinemia series, now nearing a total distribution of seven million, is available only to health professionals at their request. The set includes a handbook for physicians and dietitians accompanied by a ten-page supplement suggesting therapeutic diets for each of the five types of hyperlipoproteinemia.
- Facts About Nutrition has been supplied to junior and senior high schools, health agencies, physicians, supermarkets, and the general public. This booklet discusses what is currently known about good dietary practices, malnutrition, obesity, and nutritional requirements at necessary various stages in life. Approximately 250,000 copies have been distributed.

These efforts may be further illustrated by my third and fourth visuals.

The "Search for Health" news column is sent to 500 daily and small-town newspapers on a weekly basis. The particular column on view here addresses childhood nutrition. Five other columns also dealt with certain aspects of nutrition.

And finally, we have just begun an experimental series on the complexities of medicine entitled, "Medicine for the Layman," presented by our leading intramural scientists. This is a new and innovative method, and there will be ten other presentations dealing with a variety of subjects. The series are taped for possible use on public television.

It is important to point out that the educational program can only be developed if the data on which to base those programs are available. In the absence of clear data, it is difficult to recommend dietary practices suitable for everyone. What we do know is disseminated as quickly as possible, but we do not have a comprehensive program to test the efficiency and effectiveness of our nutrition education efforts. Specific projects within the Institutes may test effectiveness, but in general NIH efforts do not include costly evaluation procedures.

To provide a focus for nutrition research and to facilitate coordination, we have established the NIH Nutrition Coordinating Committee (NCC) with representation from all of the Institutes of the NIH as well as NIMH and NIAAA. Because of the key role of nutrition research in both health promotion and disease prevention, and because nutrition is an important trans-NIH issue, the NCC emanates from my office with a senior member of my staff as its chairman. This year the NCC sponsored a Conference on the Role of Dietary Fiber in Health and is planning a national meeting in the Spring to review the current status of nutrition research and nutrition. The theme of the meeting will be "Nutrition in the Seventies."

The NIH also makes an important contribution to nutrition education through its training grants, awards, and fellowships. In fiscal year 1977, NIH funded $3 million for nutrition research training.

Although many schools do not have nutrition departments, modern nutrition today is being taught by departments of endocrinology and metabolism, gastroenterology, as well as in special divisions of the departments of pediatrics, surgery, and medicine. This indicates that the subject does not lend itself to easy categorization.

A major contribution of NIH in nutrition education is carried out in clinical trials. For example, in both heart disease and cancer targeted populations are being exposed to nutrition education for the maintenance of health or treatment of disease. These programs are indeed successful and indicate that people are willing to change and improve their dietary habits when the information provided is directly applicable to them.

I want to stress that only two Institutes have specific mandates for information and education programs. These are the National Cancer Institute (NCI) and the National Heart, Lung, and Blood Institute (NHLBI).

From the answers supplied by NIH to this Committee in response to your questionnaire, you are aware of the considerable activities of these two Institutes with regard to their development of nutrition education programs. The primary focus of the NHLBI program is prevention of cardiovascular disease through reduction of those risk factors which are amenable to nutritional modification or treatment. Other areas include the relationship of obesity to hypertension and research into modification of dietary habits.

The National Institute of Arthritis, Metabolism, and Digestive Diseases has also been active in nutrition education. Their target audience is broad based, ranging from school children to the elderly, as well as specific high-risk groups such as diabetics and patients with kidney disease. The Institute collaborates with nutrition and information resource centers associated with universities as well as TV and radio stations to run special TV spot announcements. One such effort is a soon-to-be-released one-hour film on diabetes. This film will be sent to over 600 teaching hospitals and academic medical centers. TV spots are periodically distributed to 700 stations across the country with a potential audience of millions of people. Surveys by NIH indicate more than half of these stations use the spots in their programs. Radio discs on diabetes were also sent to 6,000 radio stations. Companion publications on this subject are also available for the physician and his patient on meal planning for the diabetic.

NIH activity in nutrition education is further strengthened by the efforts of the National Institute of Child Health and Human Development and the National Institute of Dental Research. These two Institutes have been especially interested in reaching parents and children. A considerable number of school mailings are made by the NICHD in response to requests for any one or all three of its excellent publications dealing with infants, children, and adolescents. This is also true of NIDR's popular pamphlet on dental care. The National Institute on Aging is planning a major conference on "Nutrition Utilization and Nutritional Status of the Elderly." Publication of the conference materials will be used by professionals and lay public.

The NIH collaborates with local and State government health agencies, the Consumer Information Service, and special interest groups such as the American Cancer Society, the American Heart Association, the American Diabetes Association, and the Candlelighters. We also cooperate with other Federal agencies and offices such as the FDA, CDC, USDA, OE, and HSA, the major delivery arm for Federal health care programs. In addition, the Office of Health Information and Health Promotion may provide a useful mechanism for the transfer of knowledge from NIH to other agencies and the public.

NIH also provides funds to other agencies and engages in joint endeavors including several Federal/State cooperative programs. NCI and NHLBI have provided suggestions to the National Center for Health Statistics on its nutrition surveys, and NHLBI will participate with the USDA and FDA in an attempt to augment pre-survey communications. For the last two years, NHLBI has provided $300,000 to $500,000 to support half the cost of the USDA nutritional composition laboratory in Beltsville. NIH funds have also supported the development of a computerized program at the University of Minnesota, which allows for a rapid reading of the nutritional composition of a day's dietary intake. Jointly administered by the American College of Surgeons and NIH is a registry to collect and disseminate data on patients receiving total parenteral nutrition at home.

We are using the Communication Technology Satellite in an experimental program to link NIH scientists with practicing physicians in several localities. We have just signed a contract with the University of Colorado for a two-way face-to-face conference between a panel of scientists at Bethesda and some 400-500 primary physicians in Denver. Negotiations are also under way with the University of Kentucky for a similar conference.

In summary, Mr. Chairman, NIH as a scientific research agency does not attempt a large-scale education program for the general public for all diseases. But our efforts are serious and increasing. We will continue to give high priority to informing our primary constituency of scientists and health professionals. When the state-of-the-art reaches the right point and the data are conclusive, we will assist other agencies and organizations in carrying the message to the public, and will do as much of the job as we can. Our whole mission has the intent of assuring a healthy America.

I should also like to insert for the record at this time individual statements of the NHLBI, NIAMDD, and NCI. I shall also attempt to answer any questions you or the other members may have.

Mr. RICHMOND. Thank you, Dr. Fredrickson.

Dr. Mike Jacobson, as you know, is a well-known and distinguished consumer advocate. His comments on your booklet "Facts About Nutrition" say that it "might be better called selected facts about nutrition" inasmuch as it ignores most of the findings that NIH research has uncovered regarding the connections between fat and cardiovascular disease, sugar ad tooth decay, and other findings. The booklet identifies physicians as the only people trained to give authoritative answers to questions relating to nutrition although most physicians have never taken a basic course in nutrition. The booklet also lists several industry resources of additional information but no consumer oriented sources. Do you have any comments?

Dr. FREDRICKSON. I appreciate those comments. I shall examine them with more leisure and pay considerable attention to them.

I understand some of the objections he has and part of them go back to the question of how authoritarian can one be at the present time with respect to issuing conclusions about dietary advice relative to problems for which some of us are not yet certain we have the scientific answers.

Mr. RICHMOND. Dr. Fredrickson, I think there is a crying demand on the part of the American public for education in nutrition. We hear it from every side. I think your agency is the preeminent advisor on the health of the American people. Maybe you ought to be doing more. Perhaps you need more money. Perhaps you ought to allocate more budgetary funds yourself.

You told us about these booklets, but do they sufficiently service the people in the United States?

Dr. FREDRICKSON. No; they do not. They don't just go to individuals, but they go to libraries and so forth and it has a multiplier, but it is of unknown dimension. However, I do agree that we have not really tried to reach the entire population.

Mr. RICHMOND. Do you feel that it is your obligation to reach the entire American population?

Dr. FREDRICKSON. I do not think that is our specific mandate at the present time, but I do think it is our duty that the information is available and that it is packaged and that those agencies that are engaged at the grassroots in distributing information have all the help we can give them in providing useful information that will help their task be accomplished.

Mr. RICHMOND. Thank you, Mr. McHugh?

Mr. MCHUGH. I want to be sure that I understand Dr. Fredrickson. What, if anything, have you been able to do effectively in terms of evaluation? I suppose this relates to the booklets. We have a study from the Library of Congress in which they have looked at many of the booklets that are disseminated, not just by your agency but by others, relating to nutrition.

They have reached a conclusion that many of the booklets, certainly not all of them, are written with content in mind more than with the audience they are targeted for in mind. Obviously, both are important. But the bottom line is that many of these booklets do not effectively communicate essential facts with regard to nutrition.

Frankly, I am not in the position to judge that. However, it does stress the importance of evaluating the programs that each of the agencies have so that we can make a judgment about how effective we are.

If I understood your testimony correctly, you indicated that at this particular time you really do not have a strong evaluation program with regard to the booklets that are being distributed and what impact they are having, and whether they are really reaching people or are merely sitting on library shelves. Am I correct?

Dr. **Fredrickson**. That is true. I don't think we have an adequate evaluation program, and I also know that our booklets are not up to the style that I would like to see them in many instances.

I indicated that some of those were written by specialists and are under a continuing stage of evaluation because they exchange correspondence with a wide audience and they can tailor those documents and understand where they are deficient.

But I think with particular reference to the population, that is the lay population in this country, we do not have feedback of an adequate sort to determine how well we are doing our job, nor do we have it back from teachers. I confess that that is a problem. I think it is one we have got to try to solve since we are clearly in the business for good as far as I am concerned, of preparing materials that arise from research for dissemination. I think it is beholden upon us to really do a better job of packaging.

Mr. **McHugh**. Given your budget and resources, do you have any particular plans to devise an evaluation process that can give you that kind of information?

Dr. **Fredrickson**. At the present time we have not planned to evaluate our publications on nutrition or our publications to the lay population. We have begun evaluation programs to determine how well our television spots and our television series going out by satellite and by other means to specific professional populations really hit the target and whether they have an effect. We have a contract with the American College of Medical Practice, for example. So we have no specific plan to go to a lay population. I think perhaps it is because we feel we have not attempted to reach those populations specifically but have been more content with making sure our message gets to the professional and we concentrated on the latter rather than the first.

Mr. **McHugh**. Thank you.

Mr. **Richmond**. Mr. Nolan?

Mr. **Nolan**. Dr. Fredrickson, can you tell us what NIH is doing in the area of public information about nutrition in health and disease? What research information efforts do you have on the way to inform the public about the role of nutrition in health and disease?

Dr. **Fredrickson**. In my prepared statement I did cover a very large number of examples.

Mr. **Nolan**. I apologize. Could you summarize those again?

Dr. **Fredrickson**. Briefly those activities relate to a dissemination of a relatively large number of publications, some 35 in the field of nutrition alone, designed to educate a series of target populations from professionals to lay people. We have gone beyond that to use television and radio spots as other examples of media for distributing messages to a wide range audience.

Mr. **Nolan.** These are all geared at the relationship between nutrition, disease, and health?

Dr. **Fredrickson.** Basically, these publication that I am talking about do relate to nutrition to either maintaining health or specific diseases for populations that already have a disease or maybe at special risks. But they do both. They cover both aspects.

Mr. **Nolan.** I am primarily concerned about disease, cancer in particular. Have you prepared any pamphlets or other information on the role chemicals in agriculture play in the nutritional quality of our food? I am thinking about the [illegible]icides and rodenticides and herbicides and pesticides.

Dr. **Frederickson.** No; we have not dealt with this specific subject. The Cancer Institute has an educational part in its program. It has, however, maintained at the present time, an unfortunately necessary position of relative neutrality and prudence with regard to specific dietary information to avoid cancers because we don't know enough to tell people very much about what they ought to eat in order to avoid cancer. So we have not dealt with pesticides and herbicides and the like.

Mr. **Nolan.** A lot of people are of the opinion that the primary thrust of our research on health and disease in this country, particularly as it relates to cancer, has been aimed too much at finding a cure as opposed to directing it toward the kind of nutritional quality that would stop or prevent the diseases from occurring in the first place.

Obviously the petrochemical industry in this country may have a vested interest in the present direction. Do you think those feelings or attitudes or charges or allegations have any real foundation? Do you think there is any substance to that proposition?

Dr. **Fredrickson.** I do not believe myself, Mr. Nolan, that the aim of research is unnecessarily concentrating on cures of palliation except for one reason that we don't know enough. I think that the true thrust of research is to continue to move in a direction of prevention because it is the only reasonable effective and efficacious way to go.

In the cancer field particularly, if one looks at the opportunities for specific rules of prevention outside of cigarette smoking, there is very little that we know for sure that we can tell the general population.

There are certain specific carcinogens, some 16 to 20 that we know definitely about, but actually there are very few prudent rules that do not relate to smoking which can be disseminated to the public at the present time. I think that is one of the sad things about the state of our knowledge of cancer. We have a long way to go before we can deemphasize treatment and cure and palliation and get to the point where we are stressing primarily prevention. We are somewhat further along in other areas with regard to prevention. We have done a survey of exactly how much we seem to be putting into prevention as opposed to other aspects because we think, with you, that this is a thing that we have track. Its important that that tension be kept up and the question you asked is a fair and valid one and should be continually asked of us.

But I think, no, we are emphasizing prevention to the degree that we can, but we certainly need to know a great deal more about most of these diseases before we can really advise the public.

Mr. Nolan. How many people are employed at NIH?

Dr. **Fredrickson.** We have 11,000 people.

Mr. **Nolan.** Do you have any people moonlighting on a consulting basis for, let's say, the petrochemical industry? Are there any kind of financial requirements or disclosure requirements at NIH?

Dr. **Frederickson.** Yes; there are for certain classes, for the commissioned officer corps, particularly.

For a long time NIH was almost unique among Federal agencies in preventing any moonlighting whatsoever in the sense of off-duty practice. Now, however, we have found that was probably an unconstitutional position and we have changed.

But any NIH employee who wishes to consult in industry must first request the permission to do that if he is to receive any remuneration. That kind of request would usually be flatly denied.

Mr. **Nolan.** It is?

Dr. **Frederickson.** Our chemists are not allowed to consult for industry, for example.

Mr. **Nolan.** They are not?

Dr. **Fredrickson.** No.

Mr. **Nolan.** How about the doctors at NIH? At what level is the cut-off where you have to seek specific authorization to do consulting work?

Dr. **Fredrickson.** Any professional with a doctor's degree who wants to do consulting work must receive permission, and he would not receive it to consult for industry with pay. Occasionally we have consultants on nonprofit panels whom we permit to do this but unlike their academic compatriots, they cannot do that when employed by NIH.

Mr. **Nolan.** I applaud you for that rule. I have no further questions, Mr. Chairman.

Mr. **Richmond.** Thank you.

Dr. Fredrickson, I will send you a list of questions for which I would appreciate an answer from you.

Dr. **Fredrickson.** Certainly.

Mr. **Richmond.** What is your position on the dietary goals as enunciated by USDA and HEW? I am talking about the four food groups.

Dr. **Fredrickson.** Yes; I know the four food groups that have been consolidated.

Mr. **Richmond.** I would say that this booklet I have here basically follows the dietary goals.

Dr. **Fredrickson.** That is the "Facts About Nutrition."

Mr. **Richmond.** Yes; how do you feel about salts, fats, and sugars? Your booklet says very little about that.

Dr. **Fredrickson.** I have been concerned about this question as director of the NIH and the Heart Institute and as a scientist in this area for 25 years. I feel that the problem we still have is that we can't bring you proof that changing the diet for the average American will lengthen his life or reduce his likelihood of having a coronary.

Mr. **Richmond.** If you have high cholesterol, isn't it a good idea not to eat too many eggs?

Dr. **Fredrickson.** And if you have a high cholesterol, Mr. Chairman, unequivocally I can tell you that you ought to change your diet in connection with that condition. That is why we have these books. If you break down into the certain different kinds of hypercholesterolemia that are likely to affect an individual, and they are different Mr. Chairman. You therefore need differences in dietary treatment if you have a high cholesterol depending on what kind of special patterns you have. But I agree that diet is the keystone of the defense.

Mr. RICHMOND. In reading your book here, I find it somewhat pedestrian in not taking into account at all some of the many facts we have learned about nutrition recently. First of all, I think there is far too much food involved. I think it needs reprinting and updating.

Dr. FREDRICKSON. I think my brief review of this, Mr. Chairman, would make me agree completely with you. We will look into that.

Mr. RICHMOND. Thank you.

Dr. Cardenas?

Dr. CARDENAS. Thank you, Mr. Chairman.

[The prepared statement of Dr. Cardenas follows:]

Testimony Before the Subcommittee on
Domestic Marketing, Consumer Relations and Nutrition of
the Committee on Agriculture of
the U. S. House of Representatives,
Presented by
Dr. Blandina Cardenas, Commissioner of the
Administration for Children, Youth and Families

Role of Head Start Programs

Nutrition education activities of the Administration for Children, Youth and Families (formerly the Office of Child Development) are mainly focused in the Head Start Programs. The goal of the Head Start Program is to provide preschool children from low income families with comprehensive health, nutritional, educational, social and other services as will aid the children to attain their full potential.

Target Audience

Head Start presently serves 349,000 children and their families each year in 50 States and the U.S. Territories. The Head Start program is locally administered by 1,233 grantees in community based organizations, community action agencies, and other non-profit organizations.

Objectives of Nutrition Component

The Head Start nutrition component has as its major objectives:

1. to provide nourishing meals and snacks for children which help to meet their daily nutritional needs and which are prepared in a safe and sanitary environment.
2. to provide a physical and emotional environment to enable children to develop good food habits and to promote their socialization needs.
3. to help the families and the local Head Start staff through nutrition education programs to learn about the role of nutrition in the child's physical, mental and social development, and to increase their abilities to meet the child's nutritional needs.
4. establishing linkages with other food and nutrition programs at Federal, State and local levels to help meet the families' needs.

Strategies to Reach and Assist Target Groups

Food is one of the major vehicles utilized as a tool for nutrition education in Head Start programs. Children enrolled are served one or more nutritious meals and snacks to meet from 1/3 to 2/3 of the child's daily needs depending upon the length of time they are in the center. The kinds and quantities of food served conform to the requirements established by U.S.D.A. for the Child Care Food Program.

The Head Start Performance Standards require that the nutrition component develop an organized nutrition education program for staff, parents, and children to assure that

- meal periods and food served are an integral part of the total education program
- that children participate in learning activities planned to effect the selection and enjoyment of a wide variety of nutritious foods
- families receive education in the selection and preparation of food to meet family needs
- all staff receive education in child nutrition and child development.

Nutrition education is integrated by the classroom teachers into the total education program. Children participate in learning activities which will help them learn about and enjoy a wide variety of foods, for example, food preparation, and tasting new foods, trips to the local markets, planting and growing food, helping to plan menus and to prepare simple dishes.

A nutrition education program is developed for parents providing information about child nutrition, food selection and food preparation. Parents are invited to participate in the center's nutrition activities such as helping plan the weekly menu, and assisting the children at meal times.

In-service Education

Training sessions are provided for all local staff on the nutritional needs of children, the role of nutrition in physical and mental development, factors affecting appetite and food habits, food sanitation and the food assistance programs available to families.

Other methods to reach Head Start staff and families include the use of nutrition education materials prepared by the Bureau of Head Start, or by other agencies; newsletters, training programs, local advisory and health committees.

Efficiency and Effectiveness of Current Efforts

Program evaluation is carried out annually through self-assessment, and through in-depth monitoring of the total program at three year intervals with staff from outside the agency participating in the evaluation. Other means of evaluation include reports from parents participating in advisory and health committees. These reports indicate that Head Start is helping to improve the total daily food intake and the nutritional status of children, increase the nutrition knowledge of families and staff and help families find additional needed services in the community.

In 1977, Head Start is initiating a national study to evaluate the effect of the medical, nutrition, and dental component on enrolled children which will provide additional data on the effectiveness of the program.

A national nutrition training program will also be initiated in 1977 to increase the capability of both administrative and food service staff to provide nutritious meals efficiently and effectively, and to maximize utilization of available funding sources including the Head Start grant, non-Federal share, and the U.S.D.A.'s Child Care Food Program.

We feel strongly that nutrition education can never be viewed as a substitute for some of the more basic needs that Head Start attempts to meet: for adequate food, health maintenance, both food and nutrition education are needed. Nutrition education is and should continue to be an integral part of Head Start. We would hope to see an increased focus on applied nutrition within our training activities for the staff who deal in health and nutrition. Too often physicians learn about nutrition from the perspective of cellular structure and biochemistry alone, without ever learning which foods can provide which nutrients. There is a need to make nutrition education something that can be applied, at home, by each Head Start child, as they select their morning cereal or choose their after-school snacks in the years ahead.

There has been an important shift in public thinking about nutrition in recent years, and hearings like these being conducted before this Committee have made an important contribution to that process. We hope that we will be able to build on the publicity that you are giving to these issues through our programs

Mr. **Richmond.** Ms. Cardenas, the Head Start programs—how do they differ from day care centers?

We have a gigantic day care program in our country. It is not as large as it should be and it is not as large as they have in Western Europe, but it is pretty large. How do they differ? Can you tell us?

Dr. **Cardenas.** Head Start is a comprehensive child development program and we do emphasize all of the areas of child development including health nutrition, social and emotional development, intellectual development, and mental health as components of the Head Start program.

Day care programs, on the other hand, vary from a program that is strictly custodial and primarily concerned with the safety of the child to a day care program that would be as developmental oriented as the Head Start program.

We have developed in the Office of Child Development the Federal interagency day care requirements which do address issues of nutrition. These, with the exception of staff-child ratios, are currently applicable to title XX day care programs.

Mr. **Richmond.** What are you doing to counteract the misinformation and the junk advertising that children see day after day? Are you doing anything at Head Start directed against that?

Dr. **Cardenas.** Directly focused on a counter response to that; no.

Mr. **Richmond.** Don't you think you should?

Dr. **Cardenas.** Yes.

Mr. **Richmond.** You have 349,000 captive audience children there. You have them for how many hours a day, eight?

Dr. **Cardenas.** Nine. It varies. We have them for a good amount of the day.

Mr. **Richmond.** So you do have ample opportunity to teach these children something about nutrition in order to counteract the TV ads.

Dr. **Cardenas.** We think we are. We think we are feeding them in a way that is not junk food oriented.

When the child goes into the Head Start program, very often the teacher will use food as the basis for a lesson planning in the development of other kinds of skills. I have been in early childhood education programs and food is always the basic unit of teaching in early childhood education, and thus far my experience has been that in early childhood education, the treatment of food and the use of food as the basis for the development—that is as the content of the development of other kinds of concepts—follows a most appropriate set of goals.

Mr. **Richmond.** Do you have any hard data indicating that children enrolled in Head Start are more healthy than other children?

Dr. **Cardenas.** We have some data along these lines. I will be glad to supply it to the committee.

Mr. **Richmond.** Can you prove that a child that attends Head Start—how many years does the average child go to Head Start?

Dr. **Cardenas.** Two years.

Mr. **Richmond.** Can you prove that a child who has been to Head Start is healthier and a better student when he or she goes to school?

Dr. **Cardenas.** Yes; we do have data reflecting the children who are in Head Start and that they are in better physical shape and better health as a result of it.

Mr. RICHMOND. They do better in school?

Dr. CARDENAS. Yes.

Mr. RICHMOND. Can you give us percentages? Are they 10 percent healthier, or 20 percent healthier or what?

Dr. CARDENAS. No; I can't give you the figure.

Mr. RICHMOND. Can you quantify it in any way? Head Start is a good program. I would like to have facts and figures relating what we are doing.

Dr. CARDENAS. I can supply that.

Mr. RICHMOND. Whatever quantification you can supply us with will indicate whether your program ought to be further expanded.

Dr. CARDENAS. We will get that for you.

[Material to be supplied follows:]

Supplementary Statement to Add to the Testimony of Dr. Blandina Cardenas, Commissioner of the Administration for Children, Youth and Families Before the Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition

The Impact of Head Start Programs on Child Health

Six research studies revealed that Head Start programs have a positive impact on the health of children. The findings documented that there was lower absenteeism, fewer cases of anemia, more immunizations better nutritional practices and, in general, better health among children who had participated in Head Start. Following is a list of these studies:

Costello, Joan & Binstock, Eleanor. Review and summary of a national survey of the Parent-Child Center program. August, 1970.

Geesaman, Patricia Louise. The health status of Project Head Start children and non-Project Head start children from the same socioeconomic level. Dissertation Abstracts International, 31 (9-B), 5453, 1971.

Holmes, Monica, Holmes, Douglas, Greenspan, Dorie & Tapper, Donna. The impact of the Head Start parent-child centers on children: Final report. Center for Community Research, December, 1973.

Home Start evaluation study. Final Report: Findings and implications. High Scope Educational Research Foundation: ABT Associates, Inc., Spring, 1976.

Mickelson, Olaf, et. al. The prevalence of anemia in Head Start Children. Nutrition evaluation, 1968-1969. Merrill Palmer Institute, Detroit, Michigan; Michigan State University, East Lansing, Michigan, Head Start Evaluation and Research Center, 1971.

Vogt, Leona & Wholey, Joseph. Health Start: Final report of the evaluation of the first year program. The Urban Institute, September 29, 1972.

The preliminary report* on the Field Foundation's ten year follow-up to Hunger USA provides additional evidence that the nutrition component of Head Start results in improved health:

> "The most striking place to see the change that ten years have brought, however, is a Head Start center in Mississippi. In the same places where thin, listless, apathetic children were seen ten years ago, a visitor is now delighted by the animation and obvious good health of the robust three to five year-olds in these centers. As mentioned the change is not due to a general elevation in living standard. The children do not arrive at the center in such good health. Twenty-five percent of those entering Head Start in Mississippi have a nutritional anemia, that is, low blood due primarily to iron deficiency. This anemia responds simply to their being in the program and receiving the meals that are served there."
>
> "How great is the number still unserved by such programs? Nationally, only 40% of those eligible by income level to receive Food Stamps do so. And Head Start, which has made the most dramatic impact on the lives of children, enrolls only 15% of those eligible by income. In Mississippi we heard Head Start teachers tell of having to select the most needy from among more applicants than they could accept, and then turning away parents pleading to have their children enrolled."
>
> "The largest gaps in coverage, however, are in the younger age groups, where nutritional needs are the greatest because of the nutritional requirements of the unborn child and of the rapidly growing child. The children arriving at Head Start with nutritional anemia are coming from nutritional environments shared with their younger sibs (and frequently with a pregnant and lactating mother), who are not getting the supplemental meals of Head Start."

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* Testimony given by Gordon Harper, M.D. to the House Committee on Science and Technology, Subcommittee on Domestic and International Scientific Planning Assessment, and Cooperation

Mr. **RICHMOND.** Mrs. Heckler?

Mrs. **HECKLER.** I will assure the witnesses that I will give consideration to their statements. Unfortunately I was at the Department of Tranportation and couldn't be here earlier. I would like to ask some broadbased questions, particularly of Dr. Fredrickson because it seems to me that one of the primary goals of this subcommittee will be to try to enhance the awareness of nutrition and the role of nutrition in terms of health. Therefore, what you are doing at NIH in combining and linking specific nutritional knowledge and knowledge of specific diseases would be of pivotal importance.

Have you changed your focus? Are you placing greater emphasis on nutrition research today in linking that with the study of diseases under your jurisdiction?

Dr. **FREDRICKSON.** Yes, we are. There is no question but that there is a movement now to begin to synthesize this information into some kind of good rules for healthy people to live by with regard to avoiding these diseases if they can. So I think that there really is a very definite emphasis and change in our program in that regard.

Mrs. **HECKLER.** Have you changed in terms of the funding that you have directed toward nutrition research grants? Has there been any increase in funding in your institute directed toward nutrition research?

Dr. **FREDRICKSON.** Yes, with particular reference last year to the nutritional requirements of small children, very small children and infants. I think that will probably continue this year with an organizational change to emphasize the need to get a more focused program for that particular group.

Also, we are dealing with the very aged, and I hope between those great two points of life, we can build a bridge across that whole span of years in terms of a more clinical interesting program in that regard.

Mrs. **HECKLER.** One hears frequently about the relationship between nutrition and arthritis. Have you any studies that create a relationship? One of the problems in terms of nutrition is the fact that some of the claims are disputed by reliable experts and the public is totally confused. It seems that no one speaks up to really put the issue to rest.

What have your studies shown in terms of the relationship of a specific diet to the incidence of arthritis and so forth?

Dr. **FREDRICKSON.** That is outside my field of expertise, but I think I can fairly tell you that we are just as confused as the layman is. We really do not know any specific nutritional relationship between rheumatoid arthritis or osteoarthritis except for obesity, that I know of, nor that I think anybody knows of.

Let me say though, we do understand and appreciate this endless confusion about a whole range of medical topics and that we have a special program, not necessarily tied to nutrition at all, that we are beginning to get NIH to review certain of these outstanding questions in a public forum with experts and to try to lay out the technical concerns—the state-of-the-art—about some of these things that never seem to subside or come to rest.

So, we are conscious of that and where we have the opportunity to do that, we are trying to develop a forum and a means of approaching these questions so they don't drift endlessly across tse universe.

Mrs. **Heckler**. One of the prior witnesses said that she felt that it would be very unrealistic to require NIH to give the final verdict on diets and nutrition, et cetera, because you are required to live up to the highest standards in terms of the judgments that you make, whereas the standards of good health would require something that would be less stringent and therefore another agency should have the responsibility for really taking the lead in terms of nutritional guidance to the American people. Do you agree with that?

Dr. **Fredrickson**. In one sense I don't see how we could have anything but the highest standards in making these determinations about what we all ought to eat. However, it is true that NIH as a research agency does not have responsibilities for continuing health care or delivery, also does not have regulatory responsibilities and should not get too heavily involved in those activities that truly do regulate medical practice or even health practices.

I think we have got to remain objective, but we certainly do not want to withdraw from the participation in making sure that the facts upon which other agencies and the public shall draw their conclusions are there and are as complete as possible.

So there is a yes and no to that answer, Mrs. Heckler, if I make myself clear. I think that NIH should not be the single ultimate source of wisdom or attempt to be both the buyer and the consumer with regard to helath research and health practice.

Mrs. **Heckler**. I would like to get back to the questions of the priority placed on nutrition in the broad spectrum of priorities in grants that you give. Do you know how much you presently allocate to nutrition research?

Dr. **Fredrickson**. Yes. Approximately $80 million in the last fiscal year.

Mrs. **Heckler**. How is that distributed among the many institutes?

Dr. **Fredrickson**. We can provide you tabular data. The largest single institute is the National Heart, Lung, and Blood Institute. Three other large institutions are Arthritis, Cancer, and Child Health which are the next three largest.

But virtually all the organizations have activities in nutrition research and this distribution can be available to you.

Mrs. **Heckler**. Does that represent an increase in funding?

Dr. **Fredrickson**. Yes, it does. In fiscal year 1975 we were spending $70 million, in 1976 $74 million, in 1977 $80 million, and we project in 1978 although things are a little uncertain there, a figure of $85 to $86 million.

Mrs. **Heckler**. What do you think would be the most fruitful approach for this committee to take in promoting a greater awareness of nutrition? Is there value in coordinating all the nutritional services in research, et cetera, under one head or establishing a more formal focus point for nutrition in the Government in some residing place?

Dr. **Fredrickson**. I think before you came I addressed that question and I would like to answer it again in a better mode than I did before. I think the most important thing that this committee could do is to assure us that there really is a Federal intent to educate at least certain segments of the population or all, when possible, to good nutrition. Once that is achieved, I think then one has to select target populations as subjects and the degree of coordination and who operates them will be somewhat different.

I do not think you can put up a single czar for coordinating something so complicated as nutrition in this country that will be effective for all.

You can and should insist upon more interagency and interdepartmental action to make sure the people know what is going on. Also, some new devices perhaps for coordination and collaboration in certain areas is warranted. I think between HEW and the Department of Agriculture, for example, there needs to be good bridges built because the tasks in which we are engaged are different enough and yet so closely related that there is no reason why we should be having disagreements in any major way as to who should do what.

I think the job is big enough and the expertise that we have is laid out fairly evenly across that spectrum.

Mrs. **Heckler.** Why is it these bridges have not been built in the past? The central functions have been in existence for some time.

Dr. **Fredrickson.** I would think there are a number of reasons, but I am convinced that one of those is that we have not been very sure for very long how much of an authoritarian role the Federal Government wants to take vis-a-vis questions of what you should eat. As you know, when you get into that question, you raise issues of the economy. You are treading on people's toes.

Then the scientific element moves back and says, "Well we really will have to be able to show statistically valid data that says you should not eat as many eggs as people eat or you should not eat that breakfast food."

So, when the Government wants to start to lay out standards—and I think it should consider very seriously doing so—then it needs to have a reasonable amount of information so that it does not make a mistake and so that it can combat the opposition that will inevitably arise from somebody whose livelihood depends upon just the thing that is being done. I think that is a major problem. I think it is a soluable one if we all come to it.

Mrs. **Hecker.** Dr. Lashof, would you comment on this?

I am interested in the question of how we can better coordinate the existing knowledge within the existing agencies and whether or not a new mechanism is necessary to really develop a focus on nutrition. Even this subcommittee has a fairly low priority in terms of the thrust of the Committee on Agriculture. So we are struggling to gain greater visability ourselves for the issue.

I think the problem is monumental. The public is really ahead of the Congress and ahead of government as so often is the case. Are we going to catch up and then lead, and then hopefully, use this fruitfully or are we going to continue along with business as usual?

Dr. **Lashof.** As I tried to indicate earlier, it is fairly complex. I think within the Department we have set up our own coordinating mechanism.

The Office of Health Information and Health Promotion has become our focal point for health information distribution. This office will undoubtedly become more visible and active in the next year when it is funded for the first time.

The Office of Science and Technology Policy has been trying to review the total Federal effort and to develop an overall document that all the agency heads could agree on. It is very clear, as you know, from the testimony this morning that not all of the agency heads agreed and it is back for further review. I think this kind of interchange is healthy. From it we will see the heads of the agencies participating more directly in the major nutrition policy decisions.

I am still optimistic that we will be able to develop a good coordinating mechanism among the agency heads such as a council or task force so that once we agree on the policies, goals and issues we can then each try to follow through in an effective way in our respective programs.

I would like to comment further on your other question about whether NIH, as a scientific group, requires too much hard data before it makes a decision versus some other choice. Dr. Fredrickson alluded to some of the problems that you have in that regard. If you are going to make Federal policy and impact on a total industry and total habits of the country, then you should be on fairly sound grounds in terms of data to do that. I think this is one of the problems we do have and one of the reasons you feel that the whole country is ahead of you. I am not sure I would agree that the American public is really ahead of you. It may be similar to saying that every mother is sure she knows how her kids should be educated and is therefore willing to take on educational experts. I think that every person knows what they want to eat and may have some ideas about what is good for us. We must also note that it is a very popular subject for food fadists, for popular books and for all kinds of advertising and approaches.

It looks like there is a great desire for nutrition information, but I am not sure how much of it is stimulated by people wanting that information versus other people going off with specific ideas and pet theories that they want to market which then may capture the public's eye.

I think it is true that health professionals and scientists are generally reluctant about going out with that kind of advertising approach. I also think that we must try to balance what we do know and what is claimed. We have to be honest when we cannot rebut the claims. When we do not have adequate information to say something positively or negatively about nutrition values, then we need to state that. We should get the message out better where we do have adequate information to say that there is an apparent trend or direction, or even that the material is suggestive enough that if you can change your habits then you ought to assume a new behavior pattern rather than pursuing those things which show up negatively, then that is the way we should go.

There are varying levels of knowledge on these issues. I think we must transmit those messages in a meaningful way so that people can judge the conflicting claims. I would hope it would take our best scientific minds putting their heads together and as Dr. Fredrickson indicated. It may not be NIH's job to put out the answers, but it clearly should advise us all that the answers are based on the best knowledge which we have and that we in turn should not fall for some of the fadism.

On the other hand we do not want to reject new ideas that we ought to be looking at epidemiologically and scientifically to come up with valid and better answers.

Mrs. **Heckler**. I would agree with you to a large extent. At the same time, in my own district, I see a very wealthy community where there is an acceptance and awareness of nutrition to a very desirable degree and a very poor community where you have food programs generally subsidized by the Federal Government. There is another in which really the highest nutritional interest of the constituents are not met and where there is not an awareness and there is no emphasis on nutrition whatsoever.

I feel that those dependent people who are getting no valid information and who see things that are good for you as not being good to eat in the traditional sense in which they have really reacted to nutrition—there is a role for the Government and a role for the scientific community and yet in terms of changing the behavior of the whole society there has to be a broad-based emphasis on almost basics in an appealing way. If those basics have been recognized for some time and they become more recognized in a sophisticated way as we progress in research, but certainly scientists find that their judgments would not vary on the elementary subject.

Dr. **Lashof**. I quite agree. I think in this country we all have agreed for some time on the basics of a good diet. As I indicated earlier, we have been trying very hard as part of the health care delivery system to build in that kind of nutrition education directly, especially in programs serving mothers, infants, and children for the population at risk we are talking about. That population does respond best to direct individual counseling, and especially with the indigenous people and community health aides in the neighborhoods, who work within their own communities trying to build that kind of one-to-one education into the health care delivery system. That receives major attention in our programs.

Mrs. **Heckler**. Thank you, Mr. Chairman.

Mr. **Richmond**. Dr. Relic, I have one final question. Mrs. Heckler and I and many others of the members of our committee have been working on the school breakfast and school lunch programs. We find that the plate waste in school lunches is absolutely horrendous. We find the latest statistics in a GAO study I had done showed that the children throw away 47 percent of their vegetables, 19 percent of their meat, 20 percent of their milk, and 15 percent of everything else so that a large portion of what we, the taxpayers pay for, gets thrown into the trashcan.

Do you work with the USDA on the school lunch program at all? What is your association with Mr. Strauss' organization?

Dr. **Relic**. No. The Office of Assistant Secretary of Education does not work directly with that agency.

Mr. **Richmond**. You mentioned the school breakfast program earlier. You must have had to work with them if you had that.

Dr. **Relic**. I mentioned the school breakfast program in the context of my personal relationship as a school superintendent.

The Office of Education works directly with the agency with representation on the council. I was referring specifically to the Office of the Assistant Secretary which does not have representation. The Office of Education, being programmatic, does.

Mr. **Richmond**. The Office of Education does have a relationship with Lou Strauss' department, right?

Dr. **Relic**. Yes.

Mr. RICHMOND. Who there would have that?

Dr. RELIC. I would turn to Margaret Powers who is an education program analyst from the Office of Education to see if there is information there.

Ms. POWERS. I represent the Office on Child Nutrition Council. I have attended one meeting.

Mr. RICHMOND. Do you agree with me that the school lunch program in the United States is a hopeless mess?

Ms. POWERS. I have seen some good programs and I have seen some that I don't want to participate in. I think it is a big problem.

Mr. RICHMOND. On that happy note I will conclude this session. We will leave the record open for 3 weeks until October 28 so that members can offer questions to panelists and we will get their answers in.

I want to thank everyone for coming. I am sorry that more members were not able to be here but, as I said, we did pass an important piece of labeling legislation.

All of your remarks will be included in the record and this will be a very important record in our continuing search for better nutrition education for the American people.

At this point we will insert into the record the prepared statements of Gio B. Gori, Ph. D., who is the Deputy Director of the Division of Cancer Cause and Prevention, National Cancer Institute; Dr. G. Donald Whedon, Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases, Department of Health, Education, and Welfare; and Dr. Robert I. Levy, National Heart, Lung, and Blood Institute.

[Whereupon the subcommittee adjourned at 4 p.m.]

[The prepared statements referred to above follow. Additional material submitted follows.]

STATEMENT BY GIO B. GORI, PH. D., DEPUTY DIRECTOR, DIVISION OF CANCER CAUSE AND PREVENTION, NATIONAL CANCER INSTITUTE

Mr. Chairman, Members of the Subcommittee:

INTRODUCTION

Studies in man have repeatedly and consistently implicated dietary factors at the origin of major forms of cancer, notably cancer of the digestive system, breast, bladder, and prostate.

This evidence does not exclusively imply that traditional nutrients may be causing cancer directly but rather suggests that the excessive or deficient consumption of certain nutrients may overburden or derange normal body functions to facilitate the success of potential carcinogenic insults. Thus, improper diets may be a modifying or predisposing factor—along with genetic, behavioral, and other characteristics—which may lead to the development of cancer.

The effects of improper diet in man have been confirmed in extensive laboratory studies in animals. Moreover, the role of diet in the causation of other major diseases follows coincident lines: what is true for cancer appears also true for cardiovascular diseases, diabetes, dental caries, and other diseases.

While we are taking every action and precaution to remove carcinogenic insults from the environment, or those that are indigenous to the cell, it is clear that such possible insults are too numerous and pervasive in our environment to be altogether eliminated and controlled.

Nutrition and other life-style habits such as smoking or exercise, represent readily identifiable targets for modification of susceptibility or predisposition to disease and for attainment of continuing health.

Current epidemiologic and laboratory evidence suggests the formulation of prudent dietary guidelines that, if adopted by the population at large, may lead to improved public health in terms of a reduction in certain forms of cancer, cardiovascular and other diseases.

At the same time, this evidence has clarified research priorities and the need for the development of new knowledge.

Institutes of the NIH including the NCI have coordinated a comprehensive research plan to respond to this challenge and to develop a better dietary message as the basis for new national policies in nutrition action, education, and research.

Aside from its role in the causation of cancer, nutrition and diet have a profound affect on the cancer patient, as well as on patients affected by other debilitating diseases.

In general, cancer patients lose appetite, eat less, and lose weight and strength in a vicious circle that impedes the effective application of various therapies—surgery, chemotherapy, radiotherapy—and causes an accelerated demise of the patient and certainly has a profound deleterious influence on quality of life. The NCI, together with other NIH Institutes, is conducting research on how the process can be arrested and reversed, and is also conducting several clinical trials to demonstrate and encourage the use of special nutrition techniques in patient management.

I would now like to address your more specific points which are:

1. The information we wish to convey to various segments of the population.
2. The strategies used to reach our target groups.
3. The efficiency and effectiveness of current efforts.
4. The role of NCI in relation to other government agencies, the private and voluntary sector, and the needs of the public.

Because they require different approaches, I will first speak of nutrition in cancer prevention, and then of nutrition in cancer therapy.

NUTRITION AND CANCER PREVENTION

1. Presently the evidence that nutrition has a role in the causation of cancer only allows a general message of prudence.

   It cannot be applied with specificity to individuals because the individual variation of dietary requirements—based on genetics, metabolic adaptation, somatic or body differences, behavior, and the environment—is not well understood and demands intensive new research.

In the context of cancer prevention, current knowledge suggests that Americans, as a whole, should eat less calories, particularly those contributed by fat. A prudent diet message would then indicate a reduced consumption of fatty foods and empty calories, such as those contributed by sugar. Prevention also suggests limiting to the bare essentials any additives or contaminants in our food supply.

The significance of this message is reinforced because it is very similar to that being proposed for the prevention of other major diseases, notably cardiovascular diseases, diabetes, and dental caries. The etiologic experience of these major diseases has been discovered through separate epidemiologic studies, and the remarkable similarity, if not identity, of these independent observations adds considerable weight to their validity.

The research that NIH and NCI are presently advocating aims, among other things, at clarifying the basis for these individual differences, and to allow the identification of individual dietary requirements.

Because individual tolerance to the average high caloric and fat diet of Americans cannot be identified at present, it would seem prudent to encourage the consumer to adopt dietary habits likely to be safer in the long run, even before the means to define precise individual dietary ranges are found.

Current prudent diet recommendations do not conflict with maintenance of good health; in other terms, adoption of a prudent diet is not likely to be the source of yet other diseases. In fact, it is consonant not only with current thinking on disease prevention but also with what is known of the role of nutrition in human development from pregnancy, to infancy, adulthood, and old age.

This consideration has prompted Professor Mark Hegsted of the Harvard University School of Public Health and other experts to state on many occasions that the question is not whether a more prudent diet should be adopted but rather why should it not.

There is not much to lose and much health to gain in the adoption of more prudent dietary habits.

2. Naturally, the changing of dietary habits is not a simple matter. Food is more than just nourishment, it is a major cultural element: it is cheer, friendship, security, entertainment, love. Instinctively, food has only positive connotations.

The emotional charges of our dietary habits have been sanctified by centuries of tradition. No wonder then that changing diet patterns is not only difficult but actually painful in the eyes of most.

This reality cannot be ignored in devising a comprehensive educational effort for better nutrition. First, educators must be persuaded that a certain message is necessary and desirable, and this includes not only teachers, but parents in particular. Most experts agree that education of young children would have the most beneficial and long-term effects. Properly motivated children would be a major force in co-opting refractory adults into acquiring healthy dietary habits.

Besides the demands of cancer prevention, certain population groups will need special dietary counseling: pregnant women, particularly young ones, children, and the aged.

Of course, major advances can be obtained by an enlightened attitude by the food industry, which increasingly determines the dietary patterns of the nation. In this respect, it is reassuring that industry is responding to the current prudent dietary message with the introduction of a variety of healthier food preparations.

The health professions need to be informed of their singular role in establishing better dietary practices. Nutrition education is finding new emphasis in medical and allied schools, and the research efforts advocated by the NIH will provide the knowledge necessary for sound nutrition counseling of the sick and healthy alike.

3. The lack of specificity clearly blunts the current prudent diet message, and its general validity is commonly misinterpreted as vagueness and uncertainty.

The message does not say, and cannot say, to avoid this or that specific food at all times and in all quantities: rather it implies a need for judgment that transfers from agricultural production, to food selection in the supermarket, to food preparation in the kitchen, to the discriminating use of fork and knife, and the conscious control of actual food intake.

This chain of decision is obviously too long and open to error and indulgence at many points. Rapid enforcement or even the hope of a widespread application of such a message would be a naive expectation.

The extreme example applies to health professionals who—even though possessing the best information—find themselves frustrated in the application of a message which lacks individual specificity.

It would be very unrealistic to presume that centuries of cultural overlays on current dietary habits could be erased or modified in a short time and by a message too general to sound personal or even credible to the man in the street.

But this message can be used as a policy tool, and in such a way, I believe, to be very effective.

The interest and fervor of Congressional inquiries attests to a major policy impact of this message.

Policy in turn sets in motion certain actions that will lead, over a period of some years, to safer general dietary habits.

Government agencies in all sectors, from USDA to FDA, FTC and DOD, and the food production industry at large, are taking actions that directly reflect the prudent diet message.

There is a clear indication that Americans are becoming more and more diet conscious and that dietary preferences may be changing for the better.

The health professions are also becoming more aware of diet's function in health and disease. The NIH and the NCI have contributed to this revival and will continue to foster the awareness of the health professions through a number of research and educational activities that Dr. Fredrickson has detailed in his testimony.

One should not forget that the most significant research leading to the formulation of current prudent diet understanding has been developed by researchers at NIH or supported by NIH. This research has been and continues to be the essential impulse in defining the current message, its evolution, and impact.

The efficiency of these efforts may be hard to measure—and we are working hard on making them more efficient—but that they have been and are effective, it cannot be denied.

4. The NCI views its present role well within the Congressional mandate. Thus, we are involved in diet and nutrition matters and are cooperating with sister Institutes at the NIH for a comprehensive research action in the role of nutrition in health maintenance, disease prevention and therapy.

Nutrition has been recognized by the NIH Director as a trans-Institute activity and an effective coordinating group has been established. Together, we share the responsibility of advancing knowledge of human nutrition towards better health for the Nation. Within this context, the NCI will participate in nutrition research with other government agencies such as USDA, FDA, CDC, DOD, and others, and will strive to provide the best strategies for the effective implementation of better policies.

Educational efforts will be important in these activities and will be coordinated with federal and private organizations, such as other HEW components, the American Cancer Society, the Candlelighters, the American Medical Association, and the American Dietetic Association.

NUTRITION IN THE THERAPY OF CANCER

1. Nutritional intervention can improve the conditions of the cancer patient, his overall quality of life, and the likelihood of successful therapy.

Information at different levels of sophistication is needed to address different groups of the population. For the ambulatory and self-sufficient cancer patient and those attending to him, particularly the parents of pediatric patients, a practical set of dietary guidelines has been developed to improve the overall conditions of the patient, his capacity to withstand aggressive therapy, and his chance of survival. Such information has been compiled in specific manuals for the pediatric and adult cancer patients, and will be published within this year for widespread distribution.

For the health professionals attending to the hospitalized or incapacitated patient, a more sophisticated set of nutritional guidelines needs to be developed, that will help cope with different types and stages of cancer and debilitation, of therapeutic approaches and of nutritional requirements. These techniques include oral and intragastric feeding, and artificial intravenous alimentation. Also, methods to understand and counteract anorexia, or lack of appetite, are being developed. Development of methods and clinical trials in this area are a major form of scientific activity at the NCI and other NIH Institutes, and is beginning to provide useful information for widespread application. Several symposia and conferences on the subject have been held or have been planned with the help of voluntary organizations to formulate definitive messages for the health professions.

2. Patient target groups are well motivated and easily accessible through several voluntary organizations such as the American Cancer Society and the Candlelighters, as well as through comprehensive cancer centers. The editorial format of publications has been formulated to facilitate the use of the nutritional message and to offer the patient a rational basis for suggestions and decisions.

Professional groups are reachable through the voluntary organizations mentioned above, and through the American Medical Association, the American Dietetic Association, and others. They are also reachable through national conferences and symposia and scientific publications. Most expert scientists in this area collaborate or are involved in the current clinical trials and scientific activities of the NCI and constitute the central nucleus for professional dissemination of developed information.

3. The process of informing the ambulatory patient is likely to be very efficient through the large number of well structured publications that the NCI has made and will make available. Effectiveness may be more difficult to assess objectively, but a planned evaluation survey will provide some meaningful measure.

The dissemination of information to the professions is also likely to be very efficient because of the well tested and functioning distribution mechanisms that we plan to use. Its effective impact will be measured through several ongoing and planned studies and should generally be reflected in improvements to quality of life.

4. The NCI is collaborating with other NIH Institutes, numerous prestigious institutions and universities throughout the country, several hundred individual scientists, and many voluntary agencies such as the American Cancer Society, the Candlelighters, the American Dietetic Association, the American Institute on Nutrition, and private industry, all of whom attend to the needs of disease care.

CONCLUSION

When considering cancer prevention, the dietary message that research has developed up to now is by necessity only of general value. By and large, we are not capable of distinguisning the necessary nuances of individual variation—due to genetic, behavioral, or environmental factors—and, therefore, the message only applies to individuals on the basis of prudence.

Research is thus necessary to develop a measure of precision that would make compelling the application of the message to individuals.

However, the general validity of current knowledge can be and is being used effectively in the formulation of policy.

First, it has aroused social and political interest, which can be transferred with overall good results to agricultural planning and production, food production and regulation, and public and professional education.

In this context, the prudent dietary message, largely developed through NIH support, has been very efficient and effective, and will continue to be so as new research unfolds.

Second, it has promoted a revival of interest in nutrition research. The National Institutes of Health, and the NCI, have developed a coordinated plan of study that is aimed at a better fundamental understanding of the interactions of nutrition in health and disease, and specifically, at providing the necessary precision and specificity of dietary prescription which would make its application to individuals more compelling and easier.

With respect to the role of nutrition in cancer therapy, the dietary message is clear and its application simpler.

Current and planned research is refining this knowledge so that the basic scientific understanding can be acquired, and its application to the patient can be made more timely, easier, and secure.

The activities of the NCI and the NIH,with the assistance of voluntary organizations,give good reason to believe that these actions will be efficient and effective and will yield, in a few years, substantial benefits to the cancer patient.

The NCI believes that the public needs to be well informed, and sees its role as providing the scientific information and necessary demonstration that will enable Congress, other government and private agencies, and finally the public, to adopt those policies in nutrition and other fields that are best suited to overall general health.

(Reference documents submitted for the record by Dr. Gori are held in the subcommittee file.)

Statement of Dr. G. Donald Whedon, Director, National Institute of Arthritis, Metabolism, and Digestive Diseases, Department of Health, Education, and Welfare

Mr. Chairman and Members of the Subcommittee:

It is a pleasure to provide information to the Subcommittee on the nutrition education activities of the National Institute of Arthritis, Metabolism, and Digestive Diseases (NIAMDD) of the National Institutes of Health (NIH).

INTRODUCTION

The subject of nutrition bears an important priority at the National Institutes of Health, the biomedical research arm of the Department of Health, Education, and Welfare, and the National Institute of Arthritis, Metabolism, and Digestive Diseases. Because nutrition plays an important role in the health of our population and, directly and indirectly, has a significant impact on the prevailing quality of life, efforts to disseminate knowledge about the relationship between nutrition and health obtained through research, both among professionals and the lay public, has always been viewed as an important responsibility.

NIH funds support most of the human, particularly health-related, nutrition research in the United States and at the present time several of the National Institutes, particularly the NIAMDD, conduct and support a comprehensive nutrition research and training program. This substantial effort is carried out both in the laboratories and clinics of several of the National Institutes in Bethesda and at numerous universities and medical centers throughout the country. Other studies are conducted by American and foreign investigators overseas where much malnutrition research is being carried out because of the presence of large population groups in whom, regrettably, general malnutrition and specific nutritional deficiency diseases are endemic.

A presentation of our nutrition activities in NIAMDD would be incomplete without mention of our programs for the training of research manpower in nutrition. The purpose of these graduate research training programs is to produce well-trained investigators who can pursue careers in health science academic environments. These programs range in setting from university departments of biochemistry to medical schools and schools of public health. The mechanisms involved have traditionally been research training grants and fellowship awards. In FY 1972, the academic career development award in nutrition was added to our programs. The objectives of this award are: (1) to provide young medical scientists with an opportunity to develop the qualifications needed for an academic position in nutrition, and (2) to provide an institution with the academic expertise to initiate or augment professional educational efforts in nutrition.

PREVENTIVE POTENTIAL OF OPTIMAL NUTRITION

The major raison d'etre for these activities is the preventive potential of optimal nutrition in the health picture of our population. In this country, the classic nutrition deficiency diseases such as scurvy, beriberi, pellagra, or blindness due to lack of vitamin A, are no longer the scourges they used to be in the past and which still exist, unfortunately, in too many of the developing countries of the world. We may look upon this as the fortunate end-result of research conducted and supported in large measure by the

NIAMDD. Translation of this classic research on the vitamins has meant that the overwhelming majority of our population obtains enough of the essential nutrients which are critical in these diseases and is free of their threat. We may attribute this laudable preventive action to the generally high standard of food intake in the United States, to the availability and generally extensive use of large variety of wholesome foods in this country, and to specific remedial action in which we fortify or enrich certain foods with specific critical nutritional factors which otherwise might be of short supply in the diet of some individuals -- such as the addition of vitamin D to milk and margarine, of some of the B vitamins to flour and cereals, and of iodine to salt.

We must go further, however, in using optimal nutrition as a preventive health measure. We must acquire new knowledge in nutrition to determine precisely if and how specific nutrients influence certain diseases and susceptibility to them or whether an optimal adjustment of the nutritional intake of the individual may delay specific manifestations of the aging process. The answers to these questions which represent a tremendous preventive potential for future health benefits will come as nutrition research provides new scientific findings in the years to come. In other instances, however, our knowledge is already adequate to permit us to utilize education toward optimal nutrition as an important tool to prevent disease and to improve the well-being and longevity of our citizens.

TRANSFER OF KNOWLEDGE AND NUTRITION EDUCATION

Thus we have a definite commitment not only to the production of new knowledge in nutrition but to the dissemination of new research findings to the relevant scientific constituencies -- the community of biomedical research scientists and that of the practicing physician -- and to the general public. Newly developed research findings must be communicated as rapidly as possible to all other investigators so that they can be verified and utilized in the quest for additional needed knowledge. Moreover, we feel strongly that any newly acquired knowledge, no matter how sophisticated and potentially significant, will be of no value unless it is communicated promptly to the physician and applied by him in his practice. Furthermore, general nutrition information must be effectively communicated to the public so that it becomes useful to consumers in selecting diets appropriate to individual nutritional needs. Thus a variety of nutrition education and related efforts are part of our nutrition activities.

Since 1960, the NIAMDD has broadly distributed to the public a booklet, FACTS ABOUT NUTRITION, which discusses good dietary practices, malnutrition, obesity, and nutritional requirements at various stages in life such as infancy and pregnancy, and old age, and provides practical information such as meal plans, menus, and tables of desirable body weights. This booklet is systematically supplied to junior and senior high schools, health agencies, doctors' offices, supermarkets, and the public at large, and its availability is publicized through radio and television spot announcements and, occasionally through popular magazines like the Ladies' Home Journal. The booklet is not only distributed by our Information Office directly -- this year alone we distributed about 50,000 copies — but indirectly through the Government Printing Office which distributes independently a very large number of this educational booklet.

As a direct result of our collaboration with the National Education Association, copies of FACTS ABOUT NUTRITION were distributed to over 63,000 junior and senior high school libraries across the country. In addition, the National Education Association's organization magazine, Today's Education, has listed FACTS ABOUT NUTRITION to advertise the booklet's availability to teachers. Today's Education has a readership of over one million professionals, thereby providing wide visibility for the publication.

In a similar education project, the Institute has established liaison with the Pennsylvania State University, College of Human Development, and the Oregon State University School of Home Economics, in their worthwhile efforts to establish nutrition education programs. Penn State's Nutrition Information and Resource Center is part of a larger plan to extend nutrition education to state school and university teachers, to health professionals and paraprofessionals, and to the lay public. In addition to serving as repository for food- and nutrition-related materials, the Penn State Nutrition Center is accessible by telephone to professionals as well as the public throughout the state. Services provided by the University staff include referral to available reference materials, and to experts and/or agencies responsible for providing assistance for information in the client's local area if possible. The Nutrition Program of the Oregon State University is geared primarily toward the needs of the aged, a field which is so necessary but yet which has been so often overlooked. Program staff is in the process of updating a bibliography of nutrition education materials appropriate for the elderly and those working with them. The bibliography is an integral part of the National Nutrition Program for the Elderly which serves an average of 221,000 hot meals per day to senior citizens throughout the United States.

As part of the Institute's effort to reach as many people as possible, a series of 60-, 30-, and 15-second spot announcements advertising FACTS ABOUT NUTRITION has been prepared through NIH's "Health Spots for Radio" program for periodic broadcast. This public education material, in the form of discs or written scripts, is sent to approximately 2,000 radio stations throughout the country on a quarterly basis. Similarly, TV spot copy concerning the availability of FACTS ABOUT NUTRITION was made available to 700 television stations around the U.S. for their use as a public service announcement.

The Institute has also prepared for general dissemination articles addressing specific questions on nutrition which are frequently asked by the public. Addressing controversial facets related to vitamins E and C, articles were published recently through NIH's "Search for Health" column series. These syndicated columns on various health questions and problems are made available to over 500 weekly newspapers across the country. Since many of the subscribers to this service are small-town weeklies, these columns serve as valuable vehicles of information particularly to rural populations.

A second area of emphasis in nutrition education has centered on obesity and its consequences. The problem of malnutrition, traditionally associated with under-consumption of food, has now also become a problem of over-consumption, compounded by a lack of proper dietary education at all levels of society. In fact, medically significant obesity afflicts close to one quarter of the adult population and an increasing proportion of children. Dietary excesses and resultant obesity have reached epidemic proportions in the United States today. With its far-reaching implications particularly for heart disease, diabetes, stroke, osteoarthritis, and gastrointestinal disorders, the need for education in this area is readily apparent. We have therefore prepared a booklet, FACTS ABOUT OBESITY, which discusses in layman's language, obesity and its health consequences. It too is available free of charge upon request from our Institute, and at a nominal charge from the Government Printing Office, and is also listed nationally on the Vertical File Index for school libraries. This relatively recent booklet is also actively promoted to the public in a fashion similar to FACTS ABOUT NUTRITION. In addition, an article on obesity was published in the popular health periodical, Today's Health. Reprints of the article, entitled "Obesity: Our Leading Health Problem" have been made available for further distribution. The topic of obesity has also appeared in the popular "Search for Health" columns mentioned previously.

We have collaborated with the American Diabetes Association and the American Dietetic Association in the preparation, publication and distribution of EXCHANGE LISTS FOR MEAL PLANNING, a guide for the dietary control of diabetes. Prepared for the layman, the booklet outlines in detail a nutritional, well-balanced approach to the management of this disorder.

A booklet entitled, DIET GUIDE FOR PATIENTS ON CHRONIC DIALYSIS, has been published by our Artificial Kidney Program for distribution to appropriate audiences. Written in simple, non-technical language, the booklet provides an easy-to-follow guide for dialysis patients which enables them to convert their dietary prescription into a healthful, attractive menu. This service and education booklet has been very popular with patients and physicians alike; thus far we have distributed over 8,000 copies since the booklet was published.

Lastly, the Institute has prepared a series of unique nutrition publications which are primarily meant for use by public health nutritionists and dietitians but the eventual impact of which is on the broad consuming public in many parts of the world. Reference is to a series of three books, FOOD COMPOSITION TABLES FOR LATIN AMERICA, FOOD COMPOSITION TABLES FOR AFRICA, and FOOD COMPOSITION TABLES FOR EAST ASIA. Originally these basic service publications were prepared as an essential aid for public health nutrition measures overseas. They were so popular and needed that in addition to broad distribution by us in large numbers, the Food and Agriculture Organization of the United Nations undertook further wide distribution of these books both in English and in Spanish and French. We soon found that the English edition of the FOOD COMPOSITION TABLES FOR LATIN AMERICA and EAST ASIA became very popular items with dietitians in the United States because they enabled them for the first time to give our U.S. Spanish-speaking population and those of East Asian ancestral origin, sound advice concerning desirable normal nutrition and special diets in disease based on their own ethnic food customs -- something which had not been possible before.

THE ROLE OF GOVERNMENT AGENCIES AND THE PRIVATE AND VOLUNTARY SECTORS IN NUTRITION EDUCATION OF THE PUBLIC

It has been said at times that nutrition information is being conveyed to the public by too many different government agencies and other instrumentalities and that, perhaps, one single central government agency should be in charge of nutrition education of the public, to the exclusion of other mechanisms. Considering the heterogeneous nature of nutrition information, the heterogeneous nature of our population, and the variety of inputs needed for nutrition education of the public, and the variety of mechanisms involved in the transfer of knowledge, we believe that practically all existing governmental components with nutrition-related activities have a role to play: NIH in fundamental and human nutrition research and in conveying the knowledge obtained both to the professional and to the public; the U.S. Department of Agriculture in research related to food production, food composition, food processing and marketing and animal nutrition, and in conveying a large variety of food and nutrition information to the consumer; the Food and Drug Administration in surveillance of food processing and food toxicology and in conveying food composition and nutrition information to the consumer through informative labeling of products; the Public Health Service's Center for Disease Control in nutrition surveillance on a community level and in collaboration with state and local public health departments to provide nutrition education material to the community; the

Public Health Service's National Center for Health Statistics in the production and dissemination of statistical population data related to nutrition; and state, county, and local health departments to serve as frontline conveyors of nutrition education to the local public.

The field of nutrition education need not be the sole domain of governmental agencies. On the contrary, historically the private sectors and voluntary health agencies have done much to contribute to conveying nutrition education to the public. Volunteer health agencies and professional associations in various disease fields and the American Dietetic Association have traditionally supplied to the public information on nutrition in health and disease in the form of information brochures and similar literature. In the private sector, life insurance companies, trade associations, and individual firms in the food field have also traditionally disseminated information literature on a broad and valuable scale and are continuing to do so. Considering the vast need of the public for nutrition information and the multiplicity of mechanisms which can be used to convey it -- newspapers, magazines, television, radio, libraries, and schools -- it is obvious that all of the above-mentioned instrumentalities, public or private, have a specialized role to play in providing nutrition education to the one who must ultimately benefit from these activities -- the American consumer.

NHLBI TESTIMONY ON THE ROLE OF THE FEDERAL GOVERNMENT IN NUTRITION EDUCATION

ROBERT I. LEVY, M.D., NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Mr. Chairman and Members of the Committee: The National Heart, Lung, and Blood Institute welcomes the opportunity to discuss the role of the Federal Government in Nutrition Education. For more than fifty years, heart and blood vessel diseases have been the major cause of death in this country, accounting for over fifty percent of all deaths annually. Each year, over 850,000 Americans die from arteriosclerosis or its sequelae and about 200,000 of these deaths occur before age 65. One and one quarter million Americans suffer a heart attack annually and of these, twenty-five percent don't live long enough to receive medical care. Virtually, all our citizens are to some degree afflicted with atherosclerosis and twenty-seven million suffer from hypertension.

Arteriosclerosis and hypertension, disease conditions by definition, are also major etiological precursors to the clinical syndromes associated with coronary artery disease, peripheral vascular disease and cerebral vascular diseases commonly classified as cardiovascular diseases. Age, male sex, hypercholesterolemia, obesity, hypertension, smoking, diabetes and family history are risk factors associated with these diseases. Although we cannot do much to influence the first two, hypercholesterolemia, obesity, and hypertension may be controlled at least in part through diet. Relationships between dietary habits and many cardiovascular risk factors are becoming established.

The program strategy of the National Heart, Lung, and Blood Institute in each of its disease areas is of an ordered sequence of: acquisition of new knowledge, i.e., both basic and clinical research; the testing, evaluation and validation of promising hypothesis through clinical trials; and the application of new and existing knowledge through education and demonstration projects. This last area, a new activity for NHLBI, is specifically highlighted in our 1972 legislative authority. The Institute has been mandated to:

> conduct a program to provide the public and the health profession with health information with regard to cardiovascular...disease.... In the conduct of such a program special emphasis shall be placed upon dissemination of information regarding *diet*, exercise, stress, hypertension, cigarette smoking, *weight control*....

Within this ordered sequence, the Institute has made the most progress in basic and applied research. For the past twenty-nine years the NHLBI-supported investigators and intramural researchers and clinicians have been gathering the facts on risk factors. Correlations of risk factors and diseases are being established through investigator-initiated research and epidemiological studies. Sodium (salt), fat, and excessive body weight have been shown to exert a demonstrable effect on blood pressure and blood lipid levels. More precisely, causal links between specific dietary factors such as cholesterol, saturated fats and sodium, and major diseases such as atherosclerosis and hypertension are now being illuminated and validated.

Cholesterol & Saturated Fats

A preponderance of evidence from epidemiological, animal, experimental and clinical research presents evidence that *cholesterol is a major risk factor in cardiovascular disease.* Furthermore, it has been shown that -

- o dietary cholesterol and saturated fats raise serum cholesterol levels,
- o dietary unsaturated fats lower serum cholesterol levels.

Controversy exists,however, as to whether the lowering of cholesterol by diet will prevent or delay the onset of coronary artery disease.

Salt

Participation of *sodium in the pathogenesis of hypertension is virtually accepted by all.* Fundamental observations have shown -

- o total salt deprivation is associated with freedom from high blood pressure,
- o greatly excessive dietary salt produces hypertension in laboratory animals and humans.

Doubt, nonetheless, surrounds the idea that "modest excesses" in salt intake, 6- 9 grams/day in normal subjects, increases the incidence of hypertension.

Obesity

There is clear evidence that overweight leads to increases in cholesterol levels, blood pressure and blood sugars. Population studies have shown -

- obesity and the concomitant sedentary life lead to increased risk of coronary artery disease.

Until 1972, the Institute's role has been to gather these facts on risk factors and to test them in controlled clinical studies. Our role has expanded. We now have a clear mandate to help get the facts to the health professional and the public. Utilizing the facts we have gathered from our research programs and using them as a standard of reference -- we are moving to inform and educate pilot control groups, the high risk individuals to test and validate our hypotheses. While additional risk factor evidence continues to unfold, we must work with the hypertensive, the individual with high cholesterol, or diabetic using the information currently available. These patients are at highest risk of disease. With them, we are learning how to achieve and maintain dietary change.

From 1965-1967, NHLBI carried out the National Diet Heart Study which showed the feasibility of achieving reduction of serum cholesterol by the use of a prudent fat-controlled diet. The nutrition materials and methods from this study formed a nucleus for the present MRFIT Study (Multiple Risk Factor Intervention Trial).

Multiple Risk Factor Intervention Study

MRFIT, a controlled clinical trial, is a six-year study aimed at preventing first heart attacks among men aged 35 to 57 at risk of death from coronary heart disease due to a combination of elevated serum cholesterol, elevated blood pressure, and cigarette smoking. The intervention program consists of simultaneous dietary modification to lower blood lipids, drug therapy for high blood pressure and counselling to discontinue or reduce smoking. This trial will greatly enhance our knowledge of effective methods for controlling risk factors in coronary-prone middle-aged men and help show us the implications of improving the living habits of these men and their families. Numerous educational materials have been developed, tested and utilized in conjunction with MRFIT. These include pamphlets, slide-tape presentations, and educational films. Behavioral strategies to help motivate individuals to modify their eating habits have also been developed. It should be stressed that the MRFIT incorporates volunteers from all aspects of American life -- all socio-economic levels. Populations of the twenty participating centers include inner city, urban black, rural, suburban, as well as Spanish-speaking.

In 1970, an arteriosclerosis Task Force set up a panel on hyperlipidemia and arteriosclerosis with the purpose of recommending ways of preventing premature atherosclerosis through the treatment of hyperlipidemia. One of its major recommendations was to set up the Lipid Research Clinics Program.

Lipid Research Clinics Program

Two major collaborative studies were undertaken by the LRC Program. The Population Studies program is designed to determine the prevalence of hyperlipidemias and to describe their distribution in major population groups and to explore the relationship between nutrient intake, blood lipid, lipoprotein levels, and coronary heart disease. The Primary Prevention Trial is designed to test the hypotheses that if blood lipids are reduced, coronary heart disease mortality and morbidity would also be reduced. Preliminary results of the Population Studies have suggested that there has been a slight fall in cholesterol levels in the U.S. population associated with a decrease in the cholesterol content and an increase in the ratio of polyunsaturated to saturated fats in the American diet over the last 10 years. These findings are consonant with other measures of U.S. food consumption.

Dissemination of information

As mentioned above, in 1972, the Institute received the mandate to disseminate information to the public. In response to this new emphasis, an Office of Prevention, Education and Control was established within NHLBI. This office has acquainted Institute staff with the capabilities of behavioral and social sciences in resolving health behavior problems and has stimulated research relative to cardiovascular pulmonary and blood diseases within the behavioral and social science communities.

Behavior Modification in Nutrition

Utilizing innovative approaches which have been successful in food industry advertising practices, the Institute is designing diet modification programs for the public which influence food habits at the moment when selections are being made, whether in the supermarket or the cafeteria, or home. Several studies are underway, others are in the planning stage. The "Food for Thought Game," a nutritional education program in progress, is designed for use in cafeterias. It provides important nutritional messages to encourage customers to consider calories and nutritional value when selecting foods. Planned programs include: (1) a second cafeteria-based program which emphasizes a slow but steady approach to weight loss using a tray-liner message campaign; (2) a cooperative program with the National Automated Merchandisers Association and a vending machine company intended to promote the sale of nutritious low calorie snacks; (3) a food manufacturing and distribution program to promote among food manufacturers and distributors, a greater awareness of cardiovascular nutrition goals. Leading supermarket chains and fast-food companies have already expressed interest in this program.

National R&D Center

Within the NHLBI-supported National Research and Demonstration Center at the Baylor College of Medicine, is a "General Community Project" for better nutrition in which the goal is to enroll 1,000 persons over a period of four years to assess the lipid lowering potential of three education methodologies: (a) a mailed diet book; (b) a diet book plus 17 nutritional counselling sessions over one year; and (c) diet book plus 17 counselling sessions plus behavioral modification sessions. To date, results show a ninety-nine percent retention of subjects in the third treatment group with an eight percent drop of serum cholesterol and twenty-one percent decrease in serum triglycerides.

This center also supports two pilot programs designed to increase the availability of recommended low cholesterol and low saturated fat foods in the

Houston Community. The "HELP Your Heart" menu is being used by participating community restaurants to increase the availability and sale of low cholesterol and low saturated menu items as well as demonstrate the profitability of offering such menus. The "HELP Your Heart Eating Plan" will promote the availability of these foods by employing special display and featured items in grocery stores.

Community Education

To determine whether mass health education in a community can reduce the risk of cardiovascular disease, the NHLBI has conducted a series of experiments in three California towns. Two of these communities have had extensive mass media campaigns over a two-year interval. In one of these,"face to face" counselling was provided to a subset of high risk people. A third community served as a control. Results from this study show that in the control community, the risk of cardiovascular disease increased over the two years but in the treatment communities there was a substantial and sustained decrease in risk. The results of this study strongly suggest mass media campaigns directed at entire communities may be very effective in reducing the risk of cardiovascular disease.

To increase the knowledge and availability of professional manpower, the NHLBI has sponsored a "Nutrition Behavior Research Conference" in April 1975 and another last spring. These endeavors explored the initiation of programs dealing with behavioral aspects associated with long-term healthful dietary changes. The outcome of these meetings are programs aimed at enhancing and improving counselling skills of current nutrition practitioners. Another meeting, "A Workshop for Nutrition Counselling in Hyperlipidemia for Dietitians and Nutritionists" is presently being planned.

In addition, the Institute provides nutrition education to biomedical professionals via training grants (Institutional National Research Service Awards) to institutions which have instructional faculty and research strength in nutrition related to some aspect of cardiovascular disease (e.g., arteriosclerosis, hypertension). These programs provide training for individuals for careers in academic medicine and research. Four nutrition-training programs were initiated in 1975 and two more were added in 1977. At this time, the six programs are training 17 doctoral level professionals.

A Model Program

Through the National High Blood Pressure Education Program, NHLBI has developed a model program in which emphasis has been placed on public and professional awareness of detection and the availability of effective standardized treatment of hypertension. There is evidence of progress. Overall awareness and the percentages of patients on adequate therapy have improved. Mortality rates of hypertension-related diseases are declining. However, adherence to long-term therapy and control remains a problem. In response the NHBPEP is now concentrating on improved patient management practices and public and patient education on therapy maintenance. This program provides a methodology and evidence of what can be done when the facts are in. The Institute is pleased with the active and effective cooperation of a large number of federal agencies and voluntary groups in this program.

Cooperative Studies

In a continuing effort to obtain data that reflect the current food market, i.e., what the average American consumes, we have developed an effective relationship with the FDA and the USDA. Together, we have worked with these agencies in updating the "Composition of Foods" booklet (formerly Handbook #8). We have a joint program with the USDA and have provided considerable funding for the USDA Nutrient Analysis Laboratory which provides information on the composition of foods currently on the grocery store shelves. The Minnesota Nutrition Coding Center, supported by NHLBI, has perhaps the most complete up-to-date computerized food table. Nutritionists from NHLBI continue to provide consultant services to government agencies and other organizations. These include the Federal Trade Commission, the Agricultural Research Service and the local heart associations. Assistance has been given to other NIH Institutes; for example, in the development of a Table of Food Composition for the National Cancer Institute's Diet Nutrition and Cancer Program. Finally, an Interagency Working Group on the Nutrient Composition of Food has been convened as part of the Interagency Technical Committee of NHLBI.

Trends

We believe that our overall strategy of controlling cardiovascular risk factors is paying off. Altering nutrition habits is of course only one element of this strategy; others include discouraging cigarette smoking, encouraging exercise, and controlling hypertension. With this strategy, we have seen a striking decline in cardiovascular disease mortality in the United States. In 1970 the cardiovascular disease death rate was 350.0/100,000; in 1975 the rate declined to 302.4/100,000; a drop of 13.2%.

In conclusion, the NHLBI is committed to intensive studies to define the role of nutrition in cardiovascular disease. Two important questions must be answered: will lowering dietary cholesterol or salt intake delay or prevent heart disease? How can we achieve and maintain altered diet behavior?

As the major government research facility in cardiovascular disease, the Institute can only be as proactive as the scientific facts allow. Ultimately, nutritional policies must be set by the government in conjunction with the people it serves. NHLBI health professionals are convinced that prevention through risk factor reduction promises to be not only a most effective, but ultimately best scientific strategy, in the conquest of cardiovascular disease.

STATEMENT OF:

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Prepared for the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition, Committee on Agriculture, U.S. House of Representatives.

September 27, 1977

The 1968-1970 ten-state nutrition survey conducted by the U.S. Department of Health, Education, and Welfare reported that "a significant proportion of the population surveyed was malnourished or was at high risk for developing nutritional problems." The 1969 White House Conference on food, nutrition, and health recommended that immediate steps be taken to increase public awareness of the present nutritional problems and suggested specific steps to be taken to improve understanding of good nutrition by all Americans. The report recommended further that a special task force of top representative communications professions be formed to plan, devise, and execute an immediate and continuing program of mass communications on behalf of nutrition education. This task force was asked to use all the arts and techniques of advertising, promotion, and public relations in its efforts to plan, coordinate and carry out a national nutritional campaign.

To date, I do not know of the existence of such a task force, nor a nationally coordinated attempt to utilize mass media to reduce the nutritional problems of this country. I am, however, aware of the current nutritional information being broadcast to a very important segment of our population-- our children.

There are many aspects of our environment which may influence the behavior of children. Currently, television has become a major part of the child's environment. And that environment helps shape children's food behavior. If the parent has been the traditional gatekeeper of the child's food habits and preferences, this is much less so today, for the mediated messages of television bombard the child with incessant and attractive appeals to eat what is most profitable to the food industry and advertisers.

I have conducted several studies of the contents of children's television over the past seven years. If the results of these studies are any indication, there has been little progress in any efforts to inform children of proper nutritional habits. Indeed, the majority of the nutrition-related messages seem to detract from these efforts. A brief summary of the findings of two of these studies should help to illustrate the nature of this serious problem for the nation's children.

Nutrition-Related Messages on Children's Television

Two studies were conducted in the Spring of 1975. The first, a study of 25½ hours of programming of the three networks and two independent stations in the Boston market. The second was a sampling of ten independent stations across the United States in the "after school hours" from 3:00 to 6:00 p.m.

Nutrition-related messages appear in several forms on children's television. They appear in the form of both informational and dramatic programming through the characters and story situations developed. They may be planned, intentional messages, or they may be unplanned and fortuitous. More directly, nutrition-related messages appear in the form of commercial announcements for various food products and eating establishments, and in non-commercial public service announcements. In these two separate samples of children's television, the amount of proper nutritional information was indeed small.

In April of 1975, a study of 25½ hours of weekend children's programming revealed only 12 brief PSA's on behalf of good nutrition. This amounts to one nutrition message every 2.1 hours. Contrasted with this were 76 commercial announcements for sugared cereals, 100 commercials selling candies and other sweets, 16 for snack foods and 20 for so-called quick-service eating establishments.

The ratio of "counter-nutritional" commercials to PSA's on behalf of nutrition causes was 212:12, or about 18 to 1. If the frequency and repetition of these messages is an important means for child learning via TV, the implications of these data are obvious--one message encouraging healthy eating patterns every 2.1 hours; one message encouraging the consumption of sugars and snacks every 7.2 minutes, on the average.

At the same time advertising for all other edibles (dairy products, fruits, meats, breads, vegetables, and unsugared cereals) constituted less than one-fourth of all edible advertising on weekend children's TV.

Another sample of children's television revealed an even more dismal picture. In the after-school hours (3-6p.m.) on 10 independent TV stations, only one nutrition-related PSA was found in the 30 hours studied. At the same time there were 65 ads for sugared cereals, 73 for candies and sweets, two for snack foods, and 42 for fast-food eating places--a ratio of 182 counter nutritional messages to one nutrition PSA.

In terms of frequency, children watching after-school TV programming may be exposed to one message encouraging good nutritional habits every 30 hours; whereas announcements urging the consumption of sweets, snacks, and fast foods occured on the average of one every 9.9 minutes. The implications again are obvious.

Overall, advertising for all other edibles constituted less than one-fifth of all advertising for edibles in the after-school children's TV.

As imbalanced as the numerical picture is in the ratio of nutritional to counter-nutritional messages, the numbers do not tell the whole story. Rather, the strategies used in reaching children through product claims, appeals to the child, and thematic elements in the commercials illustrate the content of the child's food education from this food advertising.

In effect, children are being told to base their food behavior primarily on the taste, texture, convenience, and the "fun" they will have consuming the product. Occasionally they are also appealed to on the basis of the appearance of the product, its quantity, and the popularity they are likely to have were they to consume it. One-fourth of all cereal commercials emphasize "sweetness" as a major appeal.

Nutritional claims and appeals are made primarily by cereal ads (34% did so). However, these appeals refer almost solely to the fortification of the cereals with vitamins and iron.

If there is a major lesson to learn from the data of these studies it is that something must be done to correct the extreme imbalance of messages in favor of poor food behaviors on children's TV.

The Broader Picture

Although children may be the most important segment of the population in developing proper public nutritional habits for the future, it represents only one example of population sub-groups which have been identified as deficient in both nutrition as well as the level of information for proper food behaviors.

In addition to these public sub-groups identified as targets for nutrition education, there are other important groups who must be identified and utilized in the communications efforts to inform the public. Many of these can be identified as the "professional intermediaries" between government and the public. They include consumer affairs reporters in radio and TV, science and health writers in newspaper and magazine media, and others such as extension home economists responsible for regional and local information dissemination.

The use of mass media is the major tool for public education. And today the public is being educated in food behaviors-- both proper and improper. This education comes not only from informational efforts on the part of government and other private health groups, but also through commercial advertising and entertainment media. In a sense, all mass media need to be looked at as educational media. The question is simply what is being "taught."

There is also a lesson in the theoretical statements of the functions which media perform for individual members of the audience. The "rational" information model of mass communication assumes that if correct information is provided, the receiver will eventually act on that information. Other models do not make this naive assumption about media effects. Rather, they state that without motivation people will not act on information provided. There is a difference between information transmittal and influence. These motivations may come from various sources, such as the family and other primary groups, or from appeals to basic personality motivating factors-- fear, desire for status, ego-enhancement, etc.

Nutritional messages in the media must therefore be designed not only to provide proper nutritional information, but also to arouse proper motivations, and offer advice and solutions as to how those may be put into practice. This means that such efforts cannot be limited to one-dimensional campaigns such as media public service announcements, as valuable as they may be. Rather, a multi-faceted approach involving a variety of media and messages and use of professional intermediaries needs to be developed.

Recommendations

The following recommendations are offered for consideration by the Subcommittee in developing a plan of action for research and implementation of a national nutrition effort:

1. Identify the important sub-groups of the population most in need of improvement in proper food behaviors-- children, the aged, the poor, minorities, etc.
2. Identify the professional intermediaries most likely to be influential in media and health information dissemination-- consumer reporters, extension personnel, science and health writers, food editors, etc.
3. Research the media sources most likely to be used by the sub-groups identified above.

4. Analyze mass media output as to the amount and content of the nutritional and counter-nutritional messages presently being delivered.

5. Design nutritional messages likely to be most effective with the various sub-groups of the population. These messages should contain proper information, advice on how to utilize that information, and reasons or motivations for its use. This may mean thinking, for example, of producing "nutritional entertainment" as much as nutritional information.

6. Plan a distribution system for these messages taking into account the population target sub-groups, media mix, and professional intermediaries who are most strategically placed in media and health distribution systems.

7. Conduct research and evaluation of the nutrition education effort.

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September 16, 1977

Representative Fred Richmond
Chairman
House Agriculture Subcommittee on
Domestic Marketing, Consumer
Relations, and Nutrition
Room 1301
Longworth House Office Building
Washington, D.C. 20515

SEP 19 RECD

Dear Representative Richmond:

Thank you for your invitation to participate in the Subcommittee's forthcoming hearings on nutrition education. Unfortunately, I was not able to adjust my schedule to be at the hearings during the recently revised dates of September 27,28.

I do believe, however, that the subject is a vital one, and I would like to assist your effort. Accordingly, I have enclosed a written statement for the record with some of my thoughts. Perhaps they will provide a perception of nutrition education that might not otherwise emerge from the hearings.

I regret not being able to participate directly in the hearings, and I commend you for focusing attention on this critically important area.

Sincerely,

JE Austin

Dr. James E. Austin

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enc.

WRITTEN TESTIMONY

OF

DR. JAMES E. AUSTIN

Associate Professor of Business Administration, Harvard Business School

Lecturer in Nutrition Policy, Harvard School of Public Health

SUBMITTED TO

THE HOUSE AGRICULTURAL SUBCOMMITTEE ON DOMESTIC
MARKETING, CONSUMER RELATIONS AND NUTRITION

FOR

HEARINGS ON NUTRITION EDUCATION, SEPTEMBER 1977

The agenda for these hearings and the speakers that will testify give particular emphasis to nutrition education for consumers. Such a focus is clearly important and there are many specific aspects that are tempting to discuss. In my brief remarks, however, I have chosen to comment on the concept of nutrition education itself, because how we define the concept will largely determine our sphere of action and hence our potential impact.

It is critical that we define the audience for and the concept of nutrition education broadly. The audience should be far greater then consumers. It should encompass all those individuals and groups directly involved in the production, processing, and distribution of our food supplies as well as those engaged in the legislation, regulation, and administration of food and nutrition programs. In effect, the target groups for nutrition education are those who operate our food system from farmers to consumers.

Why such a broad definition? Because the nutritional quality of our food supply, and hence the nutritional well-being of our populace, is influenced by many actors in the food chain. Unless there is a reasonable appreciation for and understanding of nutrition among these groups, efforts to improve nutritional well-being will be seriously handicapped.

But do these groups need nutrition education? Need presumes a deficiency. There is research that suggests consumers lack adequate levels of nutrition knowledge, but less evidence exists concerning the nutrition knowledgeability of other food system actors. However, my own interviews with farmers, food processors and marketers, economists, government regulators, consumer advocates, and even nutritionists lead me to believe that serious knowledge deficiencies also exist among these groups. The nature of these knowledge gaps is not so much one of depth, because each of these groups are experts in their particular food activity. Rather, the limitation is more often one of breadth. Each group, quite naturally, tends to define and look at nutrition in the context of its expertise:

- nutritionists think in terms of nutrients;
- food processors in terms of marketability;
- advocates in terms of politics;
- lawyers in terms of regulation;
- farmers in terms of crop yields;
- economists in terms of resource utilization.

The result, too often, is that those involved in the food and nutrition area view the problem myopically and, consequently, their efforts are often fragmented; poorly coordinated, and even counterproductive. Communication across groups has been traditionally poor and fraught with misunderstanding and mistrust.

Why has this situation emerged? To a great extend it reflects the narrowness of our educational system which is geared to produce specialists. There is a strong bias toward specializing in particular disciplines and only infrequently does professinoal training give a student exposure to other disciplines. As a result we all become prisoners to varying degrees of our own disciplines. But the nutritional problem is multidimensional, and thus by its very nature solutions must be multidisciplinary. The problems are economic, biological, psychological, legal, technological, and managerial. Interest in nutrition and food problems among different disciplines has expanded rapidly; it is no longer the sole province of the dietitians and biochemists. But curriculum has not kept up with this growing interest and involvement. Consequently, there is a misfit between the training orientation of programs producing the operators of our food system - agronomists, economists, managers, nutritionists, lawyers - and the needs of the system to improve its nutritional performance.

Another fact that complicates the broadening of these group's view of nutrition and hinders their interaction is the technical uncertainty that surrounds many aspects of nutrition ranging from recommended daily allowances to diet and health effects. Both needs and the functional effects of diet variations are surrounded by many unanswered questions or, even more confusingly, by multiple but conflicting answers. Insufficient research has hinders concensus and caused many nonnutritionists, in frustration, to opt out of nutrition activities or to simply discount the technical aspects of nutrition. In fact, many of the nutrition advocate groups do not even have nutritionists on their staffs. Thus, we have the ironic situation of nutrition advocacy without nutritionists. Certainly sound technical knowledge is needed if effective nutrition education is going to take place at all the food system levels.

A final factor that has hampered nutrition activities in general and nutrition education in particular is the low priority it has traditionally been given both within and outside of government. It has only been in the last five years that food and nutrition problems have received significant attention. Apathy still reigns in many corners but generally awareness has been greatly increased within the Congress, the regulatory agencies, the food industry, academia, and the general public. Interest has grown but nutrition understanding has not necessarily kept pace, thus creating a nutrition knowledge gap which hinders implementation efforts. Furthermore, even when nutrition program resources have been increased, the organizational structure has not been adequately adjusted to optimally use such funds. As a result, a multitude of federal, state, and local agencies -public and private- are involved in nutrition activities. Nutrition education undertakings also reflect such fragmentation.

'The net conclusion from the foregoing diagnosis is that nutrition education must be defined much more broadly then talking to consumers about basic food groups. What we should be striving for is to educate all the actors in our food system such that they are willing and able to ask and answer two questions:

(1) What are the nutritional consequences of my decisions?

(2) What can I do to enhance the nutritional impact of my actions?

How the farmer plants, how the processor processes, how the marketer sells, how the regulators control, how the administrators manage, how the nutritionists counsel, how the researchers investigate, and how the consumers buy, cook, and consume are all critical points for nutrition education. We must think of nutrition education in food system terms if we are to have a meaningful impact on nutritional well-being.

Within the context of this larger concept of nutrition education let me suggest four areas where action by the government would be desirable.

(1) National Center for Nutrition Education

The existing fragmented, uncoordinated structure of nutrition education activities in the country results in wasteful duplication, resource dilution, and conflicting efforts. There is a dire need for an institutional focal point for national nutrition education activities. The establishment of a federally funded National Center for Nutrition Education could fulfill this need. Its functions would entail the following:

(a) materials development - The production of learning materials lends itself to economies of scale. Too often nutrition education groups do not have adequate budgets individually for materials and professional personnel to produce high quality materials. Centralized materials development would enhance quality. Collaborative arrangements perhaps would be possible that would permit the Center to draw on the personnel of the major advertising firms, television and movie studios, or university education departments to ensure the necessary professional expertise.

(b) materials dissemination - The Center would not only develop materials but also distribute them to organizations involved in nutrition education activities. Furthermore, the Center could act as a clearinghouse for materials developed by other groups. In this manner access to materials could be greatly increased and wasteful duplication reduced.

(c) training - The Center could also develop and carry-out short courses tailored to meet the educational needs of the various target groups indicated previously. Additionally, the Center could provide curriculum development and training grants to help educational institutions adjust their degree programs to incorporate the nutrition dimension adequately into their on-going efforts.

(d) mass media usage - The Center could also direct efforts to develop a national radio and television nutrition education campaign. Mass media can be an effective tool to shape attitudes, transmit information, and influence behavior. In fact, the mass media marketing techniques have frequently been the subject of criticism by nutrition advocates concerned about the adverse nutritional effects of such promotional measures. It is beyond the scope of this presentation to discuss such concerns; I would like to suggest, however, that if properly used, these techniques can be a significant asset to a national nutrition education effort. The expertise that exists in advertising firms and marketing departments represents a relatively untapped resource. Too often nutrition education efforts have lacked the quality necessary to achieve effective communication. It may be possible for the Center to enlist such expertise. Furthermore, the airways do represent a national resource and the media stations could perhaps collaborate in a consolidated manner.

(2) Research and Evaluation

Education must be grounded in solid research or the subject matter Nutrition education has received relatively little research attention. In addition, evaluation of nutrition education programs have seldom been done, or if carried out, they are very limited in scope and depth. Consequently, future efforts have a very limited empirical data bank upon which to base their program design. Therefore, it is important that funds be available to carry out relevant research and program evaluations.

(3) Integration with Other Nutrition Programs

The third area where nutrition education programming could be improved is within existing governmental nutrition programs. For example, nutrition education has been kept out of the National School Lunch Program. This is an absurd division and a large missed opportunity. Food itself is a wonderful teaching tool and the lunch hour could creatively be integrated into the learning process to create a richer educational environment. Similarly, educational components could productively be expanded in other programs such as WIC, Food Stamps, and Title VII - Elderly Nutrition. Here again one would not necessarily be talking about programs just directed toward program beneficiaries but also toward the food processors and distributors and the program administrators.

(4) National Food and Nutrition Policy

Although very important, nutrition education is only one of several areas where action must be taken in order to adequately address the problems of over and undernutrition that pervade our country. For these various actions to have maximum effectiveness they should take place in the context of a clearly enunciated, comprehensive national food and nutrition policy. The recently published National Dietary Goals are a desirable step in this direction. The President's reorganization study is another encouraging activity. The time has come to end piecemeal planning, amorphous objectives, and fragmented programs. A coherent policy and strategy is needed and nutrition education can play an important role therein.

Let me conclude simply by expressing my hope that as the Subcommittee proceeds in its deliberations, it will take a broad view of nutrition education and the needs of all the actors in the entire food system. Again, I reiterate my congratulations to you for focusing attention on this important subject matter and for your concern for the nutritional well-being of the nation.

TO: Hon. Fred Richmond, Chairman
Subcommittee on Domestic Marketing
Consumer Relations and Nutrition
Committee on Agriculture
U.S. House of Representatives
Washington, D. C. 20515

FROM: Betsy Wood and Mary Gullberg, Home Economists
Consumers Cooperative of Berkeley, Inc.
4805 Central Avenue
Richmond, California 94804

SUBJECT: ROLE OF FEDERAL GOVERNMENT IN NUTRITION EDUCATION

Our Consumers Cooperative of Berkeley is owned by more than 80,000 member-families and operates 12 supermarkets and three smaller food stores in the San Francisco Bay Area. Each store is served by a home economist engaged in nutrition and consumer education. The home economists are available in each store part of every week to talk with shoppers, to answer their questions as well as to do demonstrations, prepare exhibits, etc.. Because of this personal contact we think we are in a unique position to know what is on the minds of food shoppers in our stores and elsewhere.

We will not make comprehensive recommendations on what the role of the Federal Government in Nutrition Education should be, but we will make some general comments and give you an idea of the questions we are asked in our Co-op stores.

WE NEED A NATIONAL NUTRITION POLICY IN THIS COUNTRY and we need MORE nutrition education and BETTER nutrition education. We are glad the subcommittee is tackling this problem. We recognize the right of all people to obtain safe food and a diet that promotes optimal nutritional health. Nutrition education is one essential element in achieving this goal for most people in this country.

NUTRITION EDUCATION SHOULD INCLUDE a broad understanding of nutrition AND specific information which enables people to make wise food choices:

information on ingredients, nutritional value, possible hazards, price, storage.

NUTRITION LABELS ARE A PART OF NUTRITION EDUCATION. Ever since the 1969 White House Conference of Food, Nutrition and Health, consumer leaders have wondered how to get nutrition information to the people who are purchasing food. As more fabricated foods come on the market, it has become more difficult for the average person to determine the nutritive value of the foods he eats. Clearly the federal agencies should assist the food industry in getting this information to consumers. Whether the agencies use federal funds or should simply insist that it is the food industries' responsibility, it is time more positive action is initiated. For example, many people are trying to cut down on sugar or to avoid saturated fats or just to control calories. For a vast number of foods on the store shelves today, information of this type is unavailable.

NUTRITION SHOULD BE TAUGHT THROUGHOUT THE EDUCATIONAL SYSTEM from pre-school through high school, medical and other related professional schools and adult school.

NUTRITION EDUCATION ALSO SHOULD BE AIMED AT FOOD PRODUCERS, PROCESSORS, distributors, academic people and government people involved with regulation and food programs. This would increase the chance that they would consider the effect on nutritional well being of various farm practices, allocation of research money, price supports, food processing, development of new products and food promotion.

A CONTINUING NUTRITION MONITORING PROGRAM IS ESSENTIAL as a foundation for a sound nutrition education program. Such monitoring should reveal which groups within the country or region or community have specific nutrition problems.

DIETARY GOALS need to be agreed upon. We are in general agreement with the direction of the Dietary Goals published by the Senate Select Committee on Nutrition and Human Needs, although we might not agree with every detail. These Goals should be studied, debated and modified if necessary. But even now we have found that publication of these dietary goals has been useful in our nutrition education program at the Consumers Cooperative of Berkeley.

ALL FEDERAL FOOD PROGRAMS SHOULD HAVE A STRONG NUTRITION EDUCATION COMPONENT. This includes Food Stamps, School Lunch, WIC and Headstart. These nutrition programs might be developed regionally or locally and could include emphasis on seasonal foods.

NUTRITION EDUCATION IS ONLY ONE ELEMENT necessary for a well nourished population. We urge your subcommittee to study the statement made in 1974 by the National Nutrition Consortium to the Senate Select Committee. Besides nutrition education and monitoring of nutrition status the statement stressed nutrition programs in Health Care Systems, continued research, consideration of food production and distribution in terms of nutrition policy, attention to nutrient composition and food safety and cooperation with other countries. And of course there is the necessity for people to have enough money to buy a good and appealing diet.

A NUTRITION EDUCATION PROGRAM SHOULD ESTABLISH OVERALL GOALS AND CO-ORDINATED POLICIES AND YET BE FLEXIBLE enough to look to the changing needs of different groups in the population. Perhaps a reason that federal efforts at nutrition education have not been more effective is that they have not been very flexible. Messages developed in Washington tend to be bland and often don't answer the questions people are asking . The Cooperative Extension Service at least has the chance to localize and personalize nutrition messages. Sometimes federal agencies are not believed and perhaps much of the federal involvement should be through state and local groups.

Any nutrition education program needs to consider needs of different groups: young, old, rich, poor, well educated and poor readers, different ethnic groups, people on special diets (there are millions), people with minimum cooking and storage facilities. The program needs to be alert to trends in eating patterns such as the big surge in eating out. It should be ready to help people with the many questions they have on additives, pesticides, food safety, prices and food regulations. A federal program should not be so timid that it could not urge cutting down on sugar or high saturated fat foods, or a high meat diet or highly artificial foods.

At the Consumers Cooperative of Berkeley we serve a diverse population even within a radius of twenty-five miles. We aim much of our material (written and exhibits) at people who don't read well or are in a hurry, but in subject matter we try to be flexible enough to deal with the problems of people with a wide range of nutrition sophistication. To give you an idea of the range of concerns on nutrition and safety we have listed some of the questions asked by food shoppers of our Co-op Home Economists while in our food stores. A summary of these and other questions asked is attached (Buy Word May 11, 1977) as well as other examples of nutrition information aimed at member-shoppers. (The Co-op News is sent weekly to 81,000 member-families. The yellow cards are posted at point of sale).

We appreciate being asked to testify at the hearings in Washington and while we are not able to appear in person we hope that these comments will be useful.

QUESTIONS ON NUTRITION,CALORIES, SPECIAL DIETS, ETC. ASKED IN CO-OP FOOD STORES, one week in March 1977.

1. Aren't a lot of nutrients lost in processing of foods?
2. If they add sugar to cereals why isn't it higher calorie than whole grain cereal?
3. What foods are high in folacin?
4. Is folic acid the same as folacin?
5. How many calories in Co-op granola?
6. The Co-op corn oil and regular margarines seem to have the same nutritional statement on the package. Is there any difference .. especially in terms of saturated fats?
7. Do the oil and yeast in Co-op whole wheat bread have preservatives? My son is on an additive-free diet.
8. Does Co-op carry a yeast with magnesium added?
9. Do you have nutritional data on the difference between red beans and kidney beans?
10. Do you have a list of low and high carbohydrate vegetables?
11. How many calories in ½ cup peanuts?
12. The consumer information in the ad said all margarines contain saturated oils. I thought margarines were made from unsaturated oils.
13. How many calories in an avocados?
14. Is powdered non-fat dry milk higher in sodium than fluid skim milk?
15. Do you have a list of foods low in cholesterol?
16. Do you have any information on the fat content of cheeses?
17. What are some food sources high in zinc?
18. Can you evaluate nutrient retention by microwave vs. other methods of cooking?
19. Do you know the food value and calories in Tofu? Is there any book which gives caloric values of Chinese foods, Oyster sauce, etc.?
20. Recently I read about a diet high in nucleic acids that will help me stay youthful and energic. Is this true?

QUESTIONS ON FOOD SAFETY, ADDITIVES, ETC.

1. Can you store beans (cooked soy, pinto, etc.) safely in fridge in stainless steel container? Tomato sauce too?

2. I've heard that it's legal to add red food coloring to hamburger. Does the hamburger in this store have it added? Does all hamburger have it now?

3. Can you carry non-preservative hot dog and hamburger buns?

4. Why is lime yogurt (Valley Gold) such a violent green color? Is it really necessary to add so much food coloring?

5. I am interested in the ingredients of Dryer's ice cream. Is it free from artificial flavors, colors, and preservatives? One of my children is on a special diet.

6. If possible I would like to get a list of all the preservatives in all of the foods we eat. Also if they are any good for you.

7. Is Co-op unfiltered apple juice free of added sugar and preservatives?

8. What is the sugar percent in whole wheat fig bars?

9. Is it safe to use paper towels for coffee filters or do they contain arsenic from the manufacturing process?

10. Do fresh meats have preservatives?

11. What do you think about using small amounts of saccharin?

12. Do all hams have nitrites?

13. I have a jar of sour cream and herring that has been in the fridge unopened for over a month. Is it O.K.?

14. Do you know about nitrites?

15. Is it bad to eat spinach? Does it have toxins that would be harmful to you?

16. Could you tell me what is bad about sugar-twin? Does it cause cancer of the colon or a high blood cholesterol?

17. My son is allergic to milk. Do the Co-op uncured franks contain any milk products?

18. I notice lots of products list "whey" instead of milk, or dry milk solids, etc. What are they telling me?

19. Does milk contain hydrogen peroxide (bactericide), oat gum (antitoxident), or any other additives besides vitamins A and D. If so, why is it not stated on the label?

Inter-Agency Nutrition Council of Alameda County

5985 Buena Vista Ave.
Oakland, California 94618
September 15, 1977

Dr. Joseph Crapa
House Committee on Agriculture
Sub-committee on Domestic Marketing, Consumer Relations and Nutrition
U.S. House of Representatives
Room 1336 Langworth Building
Washington, D.C. 20515

Re.: Hearings on Role of Federal Government in Nutrition Education

Dear Dr. Crapa :

The Alameda County Nutrition Council of California is a group of health professionals who share an interest in the nutritional well being of residents of Alameda Councy. Currently our efforts focus on improving community nutrition services and local nutrition education programs, and also actively promoting legislative proposals that will help achieve these goals.

We commend the House sub-committee's investigation into federal nutrition education programs. We share its concern about conflicting educational objectives, lack of measurement of their implementation, and lack of practical, up-to-date nutrition messages that will interest the public, increase their understanding of nutrition, and enable them to adopt food practices that will benefit their health.

As a Council we wish to call the sub-committee's attention to some nutrition education deficiences in local programs:
1. federal and state health and nutrition programs (many of which are financed partly by federal funds) have not provided the nutrition education necessary to effectively attain stated goals of these programs, for example:
a. the county food stamp program fufills its educational component with a monthly bulletin (which our Council initiated and voluntarily coordinates the information). There is a lack of effective outreach and education and no staff to do it.
b. staff for local community care facilities and mental health programs have expressed a need for practical, low cost nutrition information and improvement of food buying and preparation skills for both facility operators and for clients in local mental health programs.
2. a director of the Oakland School Board has publicly stated concern about school food service and the need to integrate nutrition education into all levels of the curriculum. (See enclosure).

> In reference to this stated need: In recent years the California State Department of Education has received a total of 115 applications from local school districts, county offices of education and child development centers requesting nutrition education specialists. Total value of applications

> was $3,408, 349. The State Department of Education had only $463,000 to award and was able to fund only 18 sites. There are over 1000 school districts in California and at the state level there is only one staff position in nutrition education for schools.Consequently, a major recommendation of the California Department of Education Nutrition Education Demonstration project (funded by USDA and authorised by the National School Lunch Association) has been that nutrition education specialists be made available at the local level to assist curriculum coordinators and classroom teachers in integrating nutrition education with a comprehensive educational program. (Information and statistics are from Nutrition in California, Sally R. Brother, M.P.H., R.D., California State Assembly Office of Research, November 1976)

We strongly support this recommendation.

Other suggestions which individual Nutrition Council members wish to express based on problems encountered in their own work experience include:

1. nutrition information that is interesting and understandable to people with a low level of education needs to be provided--verbal and demonstrative techniques need to be used ; increased use of television, radio, and newspapers would be helpful too.
2. nutrition education for consumers, such as nutrition labeling, is commendable, but these efforts need more publicity and people must learn how to use such information. Since new consumers are continuing to enter the marketplace, such information must be on a continuing basis.
3. nutrition education should take place where people are selecting foods: grocery stores, restaurants, fast food outlets.
4. misinformation about food additives, weight reduction diets, relation of food and food additives to disease, is prevalent from the comments and questions we hear. The general public desires and needs reliable, trustworthy nutrition information. Health professionals also want an accessible, consumer oriented source of information on current nutrition topics and controversies.

We urge that USDA examine its subsidy policies and programs. Many of these financial supports conflict with public health interest and certainly are disastrous to promoting our citizens' nutritional well being. USDA could take a more aggressive stand against subsidies to the tobacco industry, the sugar industry, etc. We realise that this too points out the need for a national nutrition policy.

In summary, the Alameda County Nutrition Council wishes the federal government to coordinate its research findings in food and nutrition and thenget the information out to health professionals and the public. We believe that the federal government should take leadership in making nutrition education a fact in its current programs by specific appropriations of money, time, and personnel. We also strongly support increasing the number of nutrition specialists at the regional and/or local level and making them more accessible to the public. We would hope that these professionals would be trained in teaching and communication skills.

Thank you for your attention.

Very truly yours,

Marjorie Berger

Marjorie Berger, M.P.H.,Chairperson
Alameda County Nutrition Council

Enc.

Oakland, California School Board

Proposal for a goal and objective in 1977-78:

---Develop and implement a food service program which insures that all food served to students is nutritious and appetizing.

---Involve students at all levels and all schools in menu planning and choices from nutritious foods available within the cafeteria budget.

---Involve students in development of a nutrition education program through art, drama, writing and other appropriate media, to promote nutritious diet at school and home.

---Involve the school health director and dental health officers of the Alameda county health department, who recognize dental decay as the single biggest health problems of Oakland young people, in developing standards to be followed in selection of foods for service in Oakland schools.

Peggy Stinnett
August 10, 1977

If adopted, the above would become a policy of the Oakland board of education.

Enclosure from Alameda County Nutrition Council

A MASS COMMUNICATIONS PROPOSAL FOR IMPROVED PUBLIC PHYSICAL AND MENTAL HEALTH

MIA TALERMAN
RESPECT FOR LIVING, INC.

The physical and mental ills stemming from many elements of late 20th century American life and culture are well-documented. These include intense emotional stress and poor health practices stemming from self-imposed artificial goals accompanied by often equally artificial emotional and cultural constraints, due in part to ill-conceived cultural tradition and increasingly to a growing trend toward greater food processing; and a frantic pace of life for which the human organism has not yet wholly adapted. In short, modern American life may be characterized, in many aspects, as biological self-abuse.

The individual citizen typically is bombarded by a battery of spokesmen from one or more scientific disciplines speaking out against poor nutrition abusive practices, with only occasional small effect. Although there are many reasons for the relative lack of effect, at least three may be considered as major factors: (1) the multiplicity of voices addressing a multiplicity of problems that are in fact multiple facets of a single complex problem, (2) the generally technical, non-popular mode of presentation of the essential information which only a fraction of the potential audience is either able or inclined to understand, and (3) the discouragement most Americans feel with regard to seemingly insurmountable obstacles to a healthful life.

The importance of self care takes on a new urgency as the realization grows that traditional health services alone are unable to eradicate all health problems, and that the ultimate solution of preventative medicine is primarily the responsibility of an active and informed public.

It seems likely that the overall problem and its many facets could be better communicated to and understood by the general public if they were stated in a relatively simple, easily understood, unifying concept that embraces all of these facets and puts them in down-to-earth, man-in-the-street terms. Much of the basic information with regard to good physical health, nutrition, bodily function and mental and emotional health has been offered previously in hundreds of separate communications of varying complexity and effectiveness. This information could penetrate the public consciousness as a whole for the first time if propoerly presented under a simple unifying concept.

That concept can be stated in a single word: "respect" - respect for the human organism, respect for the human body, respect for life, respect for living, respect for society. Respect is an easily understood word and concept. And when it is combined with a basic knowledge of what it is that should be be respected and how one either abuses or shows respect to that object, it can lead to a truly revolutionary transformation of human behavior. What is proposed here is a drastic redirection by demonstrating exactly how the well-known concept of respect applies to modern practices involving the physical and mental health of most citizens.

Is, for example, the eating of junk food showing respect for the body? Is smoking or excessive drinking? Is lack of proper exercise or sleep? Is the frantic pursuit of unrealistic artificial life goals showing respect for the delicately balanced, human mental and physical organism?

The concept of respect for life, living and the body also impinges on non-physical aspects such as career choices, interpersonal relationships, and even one's attitudes toward the environment and ecology. (The latter, of course, ultimately boil down to respect for the world in which we all live.)

Although most of the examples cited thus far fall into the category of "don'ts", i.e., "don't eat junk foods," the concept nevertheless is more positive than negative. It suggests positive thoughts such as understanding and appreciating the body, the mind, the psyche, friends, one's world, etc., and treat them properly instead of abusing them as in the past. It is important to have an understanding of, a respect for, and a caution about one's emotional and physical being so that one can appreciate their benefits while not allowing them to rule. It is important to have an understanding, of one's strenghts and one's weaknesses so that one can "accentuate the positive."

The singular beauty of the whole concept of respect as a general guideline is that it is so simple that even a child can understand it. It also unifies under a single concept all of the multiple messages that have been broadcast previously as an unorchestrated choir of experts in many disciplines.

The second touchstone of the concept is knowledge, which is a necessary adjunct to respect. In order to feel respect, one must know about, have a basis in knowledge about, the object of the respect. Thus the respect concept demands the co-communication of knowledge about the body, about the human organism in general and about its interactions as an organism with its environment. Thus in terms of a communications package, the contents include basic knowledge about the aforementioned technical disciplines unified under the concept of respect. The respect concept, therefore, provides the answer to the question, why are you telling me this and why do I need these specific items of information? In effect, it provides a raison d'être for communicating basic information about good physical and mental health practices and also a simple logic for applying that knowledge.

The objective of the communications proposal is to disseminate these concepts and the necessary adjunct information to the widest possible audience, since the subject literally touches every human being. The essential content would be comprised of the two key elements mentioned earlier (1) the respect concept as applied to life, living and the body, and (2) the necessary basic knowledge in the essential disciplines to support the concept and implement it. Subject division is likely to be along disciplinary lines, i.e., good nutrition, good exercise, controlling one's emotions, etc., with each division (or program) repeating the overlay of the respect concept and how it applies to the discipline under discussion. Because of the objective of broad mass appeal, tone and content would be kept "popular" rather than technical, drawing wherever possible on history, tradition, literature, philosophy, etc., as they might relate to the technical discipline. Heavy emphasis would be placed on graphic illustration including motion picture, animation and perhaps stills with voice-over.

NUTRITION POLICY SURVEY

by

Nancy M. McComb

SURVEY DESCRIPTION

Goal

To determine the scope of current nutrition policy.

Method of Study

Over the course of two weeks I conducted over 25 telephone interviews asking seven basic questions[1] about organizational nutrition policy and national food policy. I interviewed more than one person at some organizations and corporations. In some cases interviewees refused to respond except in writing and were dropped from the study. I did not want to mix formal written replies to the questions with the informal more off-the-record responses received over the telephone. In many cases I promised not to quote the interviewee without written permission; therefore, names of the interviewees and their organizations are deleted throughout the report.

Sample

All of the eight food corporations included in the survey are ranked in the top fifty in sales among foods companies (source: Food Processing, December 1976). Their food product areas include: canning, prepared foods, sugar/confection, dairy, grain mill, meat, beverages, bakery, fats/oils. Those interviewed at these corporations include: four employees in Public Relations (Director or Assistant Director), two Directors of Quality Assurance, and three Directors of Research and Development. Of the interviewees, three were corporate vice presidents.

Two well-known foods trade associations were contacted. Interviewees there included an Associate Director and an Executive Director.

I spoke with Directors or Assistant Directors for Public Relations at one large fast foods chain and at two large supermarket chains.

Four nutrition-related consumer organizations were chosen on the basis of their scientific as well as consumer interests. Those interviewed in this group included three directors and one staff associate.

Professional staff members (including one director and one consultant) of four Congressional committees were interviewed. Two Senate and two House committees were selected for their nutrition-related interests.

Two executive departments within the federal administration were contacted. At each I spoke with professional staff members.

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[1] See questionnaire in Appendix.

SCOPE OF CORPORATE NUTRITION POLICY

All six of the corporations responding indicated that they have a corporate policy on nutrition.

For two of these corporations, it is a very simple policy stating that they will provide the highest quality, most nutritional food possible. One corporation indicated that their policy is "very general;" another indicated that while they have one, it is "not for the layman."

Two foods corporations have more detailed statements on nutrition policy. One is printed for distribution to consumers; the other is termed a "business strategy," and the interviewee claims it is making an impact internally.

CHART I: COMPONENTS OF NUTRITION POLICY STATEMENTS OF CORPORATIONS

Policy Component	Percentage of policies in which component appears
Statement of purpose	100%
Nutrient content	50%
Food additives:	
Intentional additives	67%
Incidental additives[2]	-0-
Labeling	67%
Advertising	34%
Nutrition promotion	50%
Nutrition education programs	34%
Product safety and healthfulness	17%

Each corporation was asked if having a nutrition policy has an impact on business and sales of products. One company has had their policy less than a year and feels that it is too early to tell. Two corporations stated that they feel that a nutrition policy does not impact sales but that it "puts the right pressure on to produce quality products," and that "hopefully, it increases consumer confidence." One third of the foods corporations responded affirmatively; they feel that nutrition policy and corporate reputation go hand in hand — both count with consumers.

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[2] Incidental additives are accidental ones derived from packaging, the environment (including sanitation standards), or mycotoxins (produced by molds, fungi).

SCOPE OF NUTRITION POLICY IN OTHER SECTIONS

Trade Associations

Neither of the two trade associations queried has a policy on nutrition. Both take positions on certain issues.

Fast Foods Corporation

Only one fast foods operation was included in the survey. Their policy on nutrition involves the "wholesomeness of food served." Included with the statement of purpose are policies on: nutrient content, food additives, advertising, and nutrition education programs. They don't consider that the nutritional value of food is a decisive factor to consumers but consider this a corporate responsibility to the public.

Grocery Chains

The only nutrition policy in this sector involves their "private label" products. One company tries to use as few additives as possible for products sold under their own label. Their ice cream, for example, contains only real flavors. Both like to use nutritional labeling to "provide information so that a consumer can make an informed decision." Both prefer uniform nationwide guidelines for nutritional labeling as this is easier for interstate trade.

Consumer Groups

Two of the consumer groups have general policy statements on nutrition that relate nutrition specifically to the goals of their organizations. One group has no policy but plans to formulate one in the near future. The fourth organization surveyed has no nutrition policy but takes positions on various issues.

Congressional Committees

The four Congressional committees included in the survey have no nutrition policies themselves but are working on various nutrition issues.

Federal Agencies

Neither of the agencies queried has a nutrition policy. One agency does have stated nutrition goals for each of its programs.

CHART II: WHO SHOULD CONTROL THE NUTRITIONAL VALUE OF FOOD, ITS QUALITY, AND NUTRITIONAL LABELING?

Groups that should have some control:	Sector Answering						
	Food Corps.	Trade Assoc.	Fast Foods	Grocery Chains	Consumer Groups	Congressional Committees	Gov't. Agencies
Congress	34[3]	—	100	100	100	100	—
Federal Agencies	17	—	—	50	100	100	—
Industry	100	100	100	100	50	100	100
Consumers	83	100	100	50	75	—	100

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[3] Numbers indicate percentage of those responding in that sector who feel a specific group should have some control over nutrition. Percentages total more than 100 because all respondents indicated more than one sector should be in control. (Example: 34% of food corporation respondents feel Congress should be one of the controlling groups.)

NATIONAL NUTRITION POLICY

Will there be a national food policy in the near future? If so, what will it say about nutrition? These survey questions elicited interesting answers. 95% of those responding feel that the United States should formulate a national policy on food and nutrition. When asked if the national food policy should be a broad, general statement or should be quite specific, 65% felt it should be general, and 35% favored a highly specific policy. These results were fairly consistent for all sectors surveyed.

Interviewees were asked what issues and areas the content of a national food policy should cover. They were not given a multiple choice answer — their answers were their thoughts "off the tops of their heads."

CHART III: ISSUE CONTENT: NATIONAL FOOD POLICY

Issue	Percentage of Respondents Mentioning
Nutritional value and quality of food	38%
Nutrition education	25%[4]
Some kind of national dietary goals	25%
No national dietary goals[6]	19%
Role of agriculture	19%[4]
Health considerations and diet	13%
Integration of total food system	13%
Right to food (food for all)	13%[5]
Commodity program	6%
Land use	6%

Specific answers were not indigenous to any one sector with the exceptions (footnotes 4, 5) noted.

A separate question covered the issue-area of international relations. 65% of the respondents indicated that a national food policy should encompass international relations.

100% of those responding feel that their group should have a say in what goes into a national food policy. (See Chart IV.)

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[4] Supported by consumer groups and Congressional committees only.

[5] Supported by consumer groups only.

[6] Interpreted as no government intervention on what people should eat. See Dietary Goals for the United States in the Appendix.

CHART IV: WHO SHOULD HAVE A SAY IN WHAT GOES INTO A NATIONAL FOOD AND NUTRITION POLICY?

Group(s) that should have some say:	Sector Answering						
	Food Corps.	Trade Assoc.	Fast Foods	Grocery Chains	Consumer Groups	Congressional Committees	Gov't. Agencies
Congress	67[7]	—	100	100	25	50	—
Federal Agencies	67	—	100	100	25	75	50
Industry	100	100	100	100	50	50	—
Consumers	83	100	100	50	100	50	100
Nutritionists, Educators, & Scientists	50	100	100	50	100	50	100
Physicians	17	—	—	—	—	—	50
Farmers	17	100	—	—	50	—	50
Economists	34	—	—	—	25	—	—

CONCLUSION

In conclusion, it might be said that the time is ripe for the United States to formulate a national policy on food and nutrition. There seems to be little concensus, however, on what such a policy should say. It is not surprising that the report, Dietary Goals for the United States (see Appendix), has caused mixed reactions in all sectors.

Nancy McComb
September 1977

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[7] Numbers indicate percentage of those responding in that sector who feel a specific group should have some input. Percentages total more than 100 because all respondents indicated more than one sector should have some say. (Example: 67% of food corporation respondents feel Congress should have some input.)

APPENDIX

QUESTIONNAIRE: NUTRITION POLICY SURVEY

1. Does your corporation (organization) have a policy on nutrition?
2. If not, do you anticipate formulating one in the future? Why or why not?
3. What does (might) that policy include?
   a. nutritional value of food — amount of protein, vitamins, etc.
   b. quality of food, including intentional and/or incidental additives
   c. other
4. Who should control these things:
   a. nutritional value of food
   b. quality of food
   c. nutritional labeling
   d. other
5. (For Corporations Only) Can a company nutrition policy impact your business and the sale of your products?
6. Pressure seems to be mounting for the United States to form a national policy on food and nutrition.
   a. Do you think one should be formulated?
   b. What should it say? What issues and areas do you expect the content should cover?
   c. What should be the scope of a national food policy? Should it be a broad, general policy or should it be quite specific?
   d. Do you think your corporation (organization should have any say in what goes into a national food policy?
   e. Who (else) should?
   f. Should a national food policy encompass international relations?

DIETARY GOALS

The staff of the Senate Select Committee on Nutrition and Human Needs has prepared a 79-page document titled, Dietary Goals for the United States. Published in February 1977, this study investigates the connection between diet and health and makes recommendations for (1) changes in the American diet and (2) implementation of those changes. The following are from pages 12, 13, and 65 of that document.

U.S. DIETARY GOALS

1. Increase carbohydrate consumption to account for 55 to 60 percent of the energy (caloric) intake.
2. Reduce overall fat consumption from approximately 40 to 30 percent of energy intake.
3. Reduce saturated fat consumption to account for about 10 percent of total energy intake; and balance that with poly-unsaturated and mono-unsaturated fats, which should account for about 10 percent of energy intake each.
4. Reduce cholesterol consumption to about 300 mg. a day.
5. Reduce sugar consumption by about 40 percent to account for about 15 percent of total energy intake.
6. Reduce salt consumption by about 50 to 85 percent to approximately 3 grams a day.

The Goals Suggest the Following Changes in Food Selection and Preparation

1. Increase consumption of fruits and vegetables and whole grains.
2. Decrease consumption of meat and increase consumption of poultry and fish.
3. Decrease consumption of foods high in fat and partially substitute poly-unsaturated fat for saturated fat.
4. Substitute non-fat milk for whole milk.
5. Decrease consumption of butterfat, eggs and other high cholesterol sources.
6. Decrease consumption of sugar and foods high in sugar content.
7. Decrease consumption of salt and foods high in salt content.

RECOMMENDATIONS

To encourage the achievement of the foregoing dietary goals, it is recommended:

1. That Congress provide money for a public education program in nutrition based on the foregoing or similar goals. The initial minimum period for the promotion of these dietary goals should be five years.

Such a campaign should involve the following five functional areas:

(1) health and nutrition education in the classrooms and cafeterias of our schools;

(2) nutrition and health education for school food service workers;

(3) nutrition education in the federally funded food assistance programs;

(4) nutrition education conducted by the Extension Service of the Department of Agriculture; and

(5) extensive use of television to educate the public in the potential benefits of following certain dietary goals.

2. That Congress require food labelling for all foods, containing the following information to enable the consumer to make informed comparisons between foods:

(1) percent and type of fats;
(2) percent sugar;
(3) milligrams of cholesterol;
(4) milligrams of salt;
(5) caloric content;
(6) a complete listing of food additives for all foods, including those now covered by standards of identity; and
(7) nutrition labelling which is currently voluntary.

3. That Congress provide money to the Departments of Agriculture and Health, Education, and Welfare to jointly conduct studies and pilot projects that would develop new techniques in food processing and institutional and home meal preparation aimed at reducing risk factors in the diet.

4. That Congress increase funding for human nutrition research in the Department of Agriculture in accordance with the plan of the Agricultural Research Service, contained in Appendix D, and that Congress establish a committee for the coordination of human nutrition research undertaken by the Departments of Agriculture and Health, Education, and Welfare.

5. That the Department of Agriculture and Department of Health, Education, and Welfare form a joint committee to periodically consider the implications of nutritional health concerns on agricultural policy.

NUTRITION EDUCATION

MONDAY, NOVEMBER 7, 1977

House of Representatives,
Subcommittee on Domestic Marketing,
Consumer Relations, and Nutrition of the
Committee on Agriculture,
Boston, Mass.

The subcommittee met, pursuant to recess, at 9:15 a.m., in Faneuil Hall, Boston, Mass., Hon. Frederick W. Richmond (chairman of the subcommittee) presiding.

Present: Representative Heckler.

Staff present: Joseph R. Crapa and Ann Cole.

Mr. Richmond. The subcommittee will be in order.

Good morning.

It is especially appropriate that the Domestic Marketing, Consumer Relations and Nutrition Subcommittee come to the city of Boston to investigate nutrition education at the community level.

Over a century ago one of your most famous native sons referred to Boston, with no little sense of local pride, as the "hub of the universe." Even if the world has expanded somewhat since that time, Boston is still a microcosm of the American city.

Outside this historic hall stands one of the oldest public markets in America. In an age of supermarket standardization, people from every ethnic background can come to find foods which are an integral part of their own heritage.

Long the defender of the rights of private citizens, Boston has proved a rallying point for consumers.

Finally, how can a city which boasts such residents as Dr. Mayer, Dr. Hegsted, Dr. Scrimshaw, and Dr. Dwyer be anything less than the hub of the world of nutrition research and education?

I need not tell this audience how vital a relationship there is between diet and health. We are all aware of the mounting incidence of obesity, heart disease, cancer, high blood pressure, and diabetes. It is a terrible irony that the best fed nation in the world may well be eating its way into premature death.

Is there any consumer in this audience who has never wondered about the nutrititonal value of the food he or she is eating? Can the 125 pounds of fat, the 129 pounds of beef, the 100 pounds of refined sugar, the 5 pounds of additives, and the 295 cans of soft drinks consumed by the average American each year really be to our benefit?

Who is to guide us? Can sophisticated and seductive television commercials promoting chocolate chip cookies for breakfast as nutritious and orange-sugared Tang as the choice of the astronauts educate our children about good nutrition? Can magazine articles, books and fad diets of dubious merit substitute for sound, accurate nutrition knowledge?

Consumers, assaulted by a barrage of commercial food claims, dire health warnings and contradictory advice are either panicking or throwing their hands up in total confusion. Turning away from the loud, shrill voices of hucksters, vendors, and unhealthy persuaders, consumers are looking to the Federal Government as a reliable, unbiased source of knowledge about the foods they are eating.

What is the Federal Government doing to respond to these consumers' needs? My friends, it is exactly this question that I asked the Library of Congress to investigate last year.

After conducting a landmark study of the entire Federal Government, do you know what they found? They found that we are spending more than $70 million a year on a patchwork of more than 30 uncoordinated and unfocused programs administered by 11 different agencies which are going politely about their business in splendid isolation from each other and the contemporary world in which we live.

In the past month, our subcommittee has held a series of hearings in Washington. Breaking with tradition, we first invited over 50 consumers, health professionals, scientists, educators, media specialists, and public interest advocates.

Again and again we were told that there is no simple viable source of objective and useful information on food, diet, and health. Consumers told us that they are not receiving nutrition guidance where, when, and how they want it—in supermarkets, in their children's classrooms, in their doctors' offices, and on their TV and radio waves.

They want information wherever food is served, in the school lunchroom, in the office cafeteria, and in the fast food restaurants. In other words, consumers want nutrition education at the time and places that they are faced with food decisions so that they can make their informed choices about diet right at that time.

After we heard from consumers we brought before us Assistant Secretaries, the Administrators of the major nutrition education programs in the Department of Agriculture and the Department of Health, Education, and Welfare. We heard the best of intentions punctuated with the disappointing admission that these programs were simply not accomplishing the educational goals specified in their mandate.

Today we have traveled from Washington to enter a community long distinguished by its concern for the welfare of its citizens. We have come to ask how we, at the Federal level, can best meet your needs. Programs, however noble in conception, are only as good as the quality of the service they provide.

Congresswoman Heckler and I today are releasing a survey prepared by our subcommittee of nutrition education efforts in the Boston area. We found that the Federal efforts in this city aimed at educating people about foods they eat are not working. For example, we learned from this important study that in Boston, nutrition education in some Federal feeding programs is nearly nonexistent. There is little coordination among the 38 different nutrition programs offered in this State. These programs are, by and large, underfunded, misdirected, and have poorly written Federal guidelines.

The results of this study proved without a doubt that Federal nutrition education programs are in great need of change. The study reaffirms the findings of our Washington hearings. Consumers are not being reached by these programs. Consumers are demanding and and deserve better information.

You who are scientists must identify the health and nutrition areas—the relationship between diet and health, and what we can honestly tell the public.

You who are public health officials, educators, communicators, and nutritionists, must tell us what resources are necessary to educate our people effectively.

Most importantly, you who are consumers must tell us your concerns about the food you are eating and how we can best address your needs.

It is only at the community level that we can hear directly from the very people who are the intended recipients of our Federal programs.

Be assured that this subcommittee takes its jurisdiction very seriously. Our charge is to protect the interests of the consumer in matters pertaining to food and nutrition. You have the right to receive answers to your questions when you want them, where you want them, and how you want them.

We promise you who have come to participate in our hearings that your words will guide us.

Thank you.

Good morning, Mrs. Heckler.

Mrs. HECKLER. Thank you very much, Mr. Chairman, witnesses, and participants.

It is my pleasure to welcome Congressman Fred Richmond to Boston's Faneuil Hall this morning and to welcome as well the staff of the Committee on Agriculture of the House of Representatives.

I think it is very fitting that the first subcommittee hearing sponsored by this committee on a field basis has been located in the city of Boston, in the great State of Massachusetts. This is a State that is most celebrated for its consumer movement.

This is of particular significance now in the wake of the sad news in Washington that we have just witnessed the demise of the Select Committee on Nutrition in the Senate. With the demise of that committee we now have the whole issue of nutrition, nutrition education and food policy under the jurisdiction of this subcommittee in the Congress, and it is the only subcommittee of the Congress with that kind of a focus.

Thus, we have an important responsibility. That is why we have come to Boston today. We expect to hear from consumers, from administrators, from representatives of State and Federal Government, from nutritionists, and from experts in the field.

We know much about the significance of our Federal programs. However, the more we hear about Federal programs in the field of nutrition the less impressed we are with the reports.

Recently a subcommittee study of Massachusetts, for example, revealed that while there are four leading universities in the city of Boston which offer education in foods and nutrition and are considered international centers for nutrition education and research, not a single medical school or teacher training program requires nutrition education for its students.

We on this subcommittee have grappled with the food stamp program at length in Washington. We learned in terms of Massachusetts in our oversight report that the food stamp program, budgeted at $1.9 million for administrative support of the program in Boston, does not employ a nutritionist. That indicates the significance of nutrition in the food stamp program.

The WIC program in Greater Boston reaches only 10 percent of the eligible low-income women, infants, and children considered medically vulnerable and in need of assistance and support. Seventeen nutritionists and aides counsel with program participants on a 1-to-1 basis on the average of twice a year.

The Boston nutrition program for the elderly reaches 8,800 elderly people. That is a startlingly low 8 percent of the eligible individuals 60 years and older in the Boston community. Only 4 percent of the program's $1.2 million was spent on nutrition education in 1977. One staff nutritionist serves 40 sites, offering 1-to-1 counseling, shopping assistance, and group discussions.

We are aware of the situation in Massachusetts. I would not state that Massachusetts is unrepresentative of the country. The problem of a low priority for nutrition is indeed a national problem. In Massachusetts alone this year the Government will spend $41.1 million on the school lunch, school breakfast, and summer food program, but only $78,000 on the subject of teaching children good nutrition.

Essentially, the question of nutrition is not merely the question of education. As I view it, it is really a question that is central to our system of health maintenance in America. In my judgment it is the most basic form of preventive medicine.

Yet, we learn the shocking statistic that not one single medical school in the Boston area—celebrated for its academic renown—requires a course in nutrition or nutrition education as a requirement for graduation.

I think this is perhaps one of the most serious flaws in our whole study of nutrition. We can look at the Federal program and the lack of priority and the lack of leadership and we can look at State and community programs that also are flawed. We look at citizen concern and consumer participation that has not been sufficiently aroused. Then we look at the medical profession. There, I think, we have pinpointed the invisible factor in this question of a lack of priority on nutrition.

I believe that it is the physician who should impart nutritional education on a 1-to-1 basis. It is incumbent on doctors today to place greater emphasis on nutritional education as a part of their attempt to deal with the issue of American health and preventive medicine.

I ask the medical profession of Massachusetts and Boston, as well as of the United States, to develop a sophisticated knowledge of nutrition and to impart that knowledge to their patients as they see them on a daily basis. It is time to change our thinking about nutrition. This is not an issue for the food faddists. This is an issue for all Americans.

It is time for those of us in government to unify our policies on food standards. Confusion abounds throughout the country and our Federal departments do not resolve this confusion.

Therefore, today we embark on our field hearings to seek advice and counsel from the people of this country, beginning in Boston where I believe we have a very informed citizenry. We ask for your counsel and your opinions. We look forward to the testimony of expert witnesses.

Mr. Chairman, I congratulate you on seeing fit to inaugurate our field hearings in this celebrated city and on assembling today such a distinguished panel. We will know that we have heard from knowledgeable people—experts in the field of nutrition, wives, consumers and homemakers, administrators who grapple with the daily problems, and people who care.

Mr. RICHMOND. Thank you, Mrs. Heckler.

It is personally a great pleasure for me to be here. As most of you know, I was born right here in Matapan and it is so nice to be home again.

Our first witness is Deputy Mayor Katherine Kane.

Good morning, Ms. Kane.

STATEMENT OF KATHARINE KANE, DEPUTY MAYOR, BOSTON, MASS.

Ms. KANE. Thank you.

On behalf of the people of the city of Boston and Mayor Kevin H. White, I extend a warm welcome to the subcommittee, and a special welcome to Congresswoman Heckler and to Congressman Richmond, who I noted before is from Boston. He attended two our our famous universities—Harvard and BU.

We are really happy to have you here.

We are most pleased that you as a committee are in Boston today. We feel that such local hearings provide an excellent opportunity for the full range of voices to be heard on issues of concern.

In welcoming you to Boston I offer the assistance of this administration in developing further information or support for initiatives which will help the urban resident. We are particularly interested in the strong congressional role in clearly defining a Federal commitment to the cities, and we are prepared to assist in that task.

An equal part of my welcome to Boston, of course, must be to urge you to see the city while you are here and to note that it is appropriate for this committee to be holding its hearing in this historic market building, given to the city in 1742 on the condition that the first two floors be forever devoted to food and retail markets.

Therefore, we hope you will look around the area and see what is going on here.

The emphasis of my brief testimony is to outline the role of the city administration in nutrition programs and education. Among my responsibilities as deputy mayor is the oversight of the city's human services programs. These include the department of health and hospitals, elderly affairs commission, community schools, and a wide variety of other departments serving many groups, particularly children and youth.

Many of these programs are solely funded by the city, such as the well-regarded Consumers' Council. Others are largely dependent on Federal and State financial aid. Either through these agencies or directly, my office has financial links with over 300 service-providing agencies and the federally funded human services investments of nearly $10 million which derive from sources such as community development, title III of the Older Americans Act, LEAA, CETA, and title XX.

When viewing this investment and trying to understand the complicated webs and networks of assistance programs, the key features of the city's needs are highlighted.

While we do have great optimism about the economic vitality of cities and their future, poverty and hunger in this city are a constant reality, unchanged since the national attention was directed to them in the 1960's.

The problems may have diminished in the public consciousness through the early 1970's, but the high concentrations of the poor, the elderly, and the new immigrants are still a dominant part of city life. The statistics about this city are not reassuring. Last year, nearly 200,000 of Boston's 641,000 residents received public assistance.

While the problem of nutrition in the society as a whole is of concern, I direct your attention to the particular problems of basic human needs that remain in the cities. We see these needs visibly at City Hospital, where one of our leading problems is care for prematurely born infants, many with brain damage and serious physical deficiencies.

Problems such as these are directly traceable to the inadequacy of efforts to reach and counsel mothers-to-be on proper nutrition and on the dangers of alcohol and drug abuse. Similarly, our elderly feeding programs provide, for many, the only opportunity for decent nutrition and relief from loneliness and isolation.

The emphasis, from the city perspective, should be on meeting these basic needs. Cities and States should be aided and encouraged to reinforce those actions taken in the 1960's and 1970's to deal with these needs. Nearly all of the city's involvement in nutrition and nutrition education stems from this period.

The most extensive city involvement is through our 28 neighborhood health centers. I certainly agree with Congresswoman Heckler's statement that the whole area of nutrition education is connected with preventive health. That is really what we are saying here.

This geographically comprehensive network attempts to approach health care with nutritionists in 21 of the 28 clinics. I think that is a pretty good record compared to elsewhere.

These services stem from concentrated efforts to provide prenatal, maternal, and infant care programs and to target care for the mothers and children at risk. We see nutrition education and assistance as an important element in a health care program which provides prevention, management and remediation and which emphasizes a community approach to health care.

I am sure that Commissioner Fielding will speak to the broad issues of a preventive health programs and the State's efforts in this direction.

However, I wish to emphasize that Boston's neighborhood system of health care is a significant resource for service delivery and for the development of preventive health efforts. Lobbying for Federal initiatives to upgrade our in-place system has been at the heart of the city's interchange with the executive branch.

Complementing the service network is a small, recently initiated nutrition program in the outpatient department of City Hospital. Funded by the city, this program also seeks to place the nutritionist in a more visable and accessible role in ambulatory care.

In addition, the city directly sponsors a substantial part of the summer feeding program for children, funded by the Department of

Agriculture, through the State bureau of nutrition, department of education. In the past summer, the parks and recreation and community schools departments sponsored breakfast, lunch and snacks for 1,900 children at 8 neighborhood sites. In addition to this $49,999 coming directly for city operated programs, the city agencies also coordinate nonprofit feeding programs funded by this source.

Next year this program administration will be totally overseen by the community schools agency. While generally viewed as effective, the program does suffer from the absence of nutritional education of the children; it lacks an explicit nutritional dimension, and there is no coordination of this program with the year-round school lunch program.

While the city's direct role [illegible] the title VII elderly lunch program has been more limited, this program has been well integrated with other city sponsored services to the elderly. The city's commission on elderly affairs, which is the area agency on aging, administers funds from the Older Americans Act, with the exception of title VII, which the State department of elder affairs manages through home care corporations.

However, the city has supported and supplemented title VII programs, using them as a core around which other services can be added. The senior shuttle, funded by community development revenue sharing, is one such complementary investment, providing transportation for the elderly feeding program participants.

The mobile market, which is a grocery store on wheels, going around to elderly housing areas with a regular route and publicized stops, has also been highly successful.

Our experience with these nutrition programs argues that additional funding is needed more for ancillary services than for the feeding programs themselves. The social event created by the hot lunch program is an ideal time for recreational activity, educational programs and other outreach. Boston's approach at reinforcing title VII with other program moneys, deserves support and encouragement.

New Federal investment is needed to develop home-delivered meals programs for the elderly. Legislative and administrative confusion this spring limited the possibility of starting such an effort at that time. However, the city has set aside title III money to develop a pilot program in Dorchester and would welcome program initiatives. We feel this home-delivered program is very important for the elderly. It is a high priority.

In summary, then, the city's involvement in nutrition and nutrition education is primarily through direct services, such as the feeding program for children and elderly, and through its nutrition counseling activities at city hospital and the neighborhood health clinics. In both cases, nutritional programs are an element of broader program efforts in maternal and infant care, in comprehensive health, and in elderly and youth services.

We would strongly support the extension of nutritional education programs which would strengthen this local ability to deal with the problems of those most in need and which would reinforce the service delivery capacity which has slowly developed over the past decade.

We trust that this committee will be sensitive to the fact that while it is difficult to initiate broad social and education programs locally, it is crucial to their success that local public and private support be steady and strong. We urge you to design any new program efforts so that they reinforce the necessary and direct involvement of a concerned local government in meeting the needs of its citizens.

We thank you very much for being here today and are happy to help you in any way that we can.

Mr. RICHMOND. Thank you, Ms. Kane.

I have just one question: How many nutritionists does the city of Boston have on its staff?

Ms. KANE. There are 21 of them at the 28 health centers, and then there is the new unit that I mentioned at city hospital. I am not sure how many are there, but I can get that for you. We do emphasize that through the neighborhood health center program.

Mr. RICHMOND. You have nutritionists at the various WIC programs? The women, infant, and children feeding program?

Ms. KANE. Yes; through these neighborhood health centers where that is provided—in 21 of the 28.

Mr. RICHMOND. As you know, the report that Mrs. Heckler mentioned shows that Boston is sadly deficient in nutrition education and on staff nutritionists.

Ms. KANE. I listened to that. I wonder whether some of these things were perhaps newer since the report. I know that the health and hospitals department considers it very important to provide this service to the neighborhood health centers. We should correlate the figures.

Mr. RICHMOND. Mrs. Heckler?

Mrs. HECKLER. We appreciate your testimony very much. I have certainly always admired your work in the city.

One of the great charges against the summer feeding program is the fact that the participants were faced—and especially the children—with frozen sandwiches. I understand that there was one colossal waste of perhaps 80 percent of these frozen sandwiches. They had to be discarded because they just simply did not appeal to the children.

Are you familiar with any of the problems that occur in terms of the delivery of food during summer programs?

Ms. KANE. We do not do it through the summer thing. We do it through the community schools program and the parks and recreation department. I was not aware of the frozen sandwiches, but I do know that the community schools felt that there were too many agencies involved and it would be beter if one agency coordinated it.

As we said before, it is more the need to have an education component to the food that is important. I have not heard of the frozen sandwiches problem, but it is not really integrated into a whole system of education for the children about nutrition. I think that is very important.

Mrs. HECKLER. One of the major problems around the country is the enormous waste in all of the school lunch programs, the school breakfast programs, and so on. This is apparently primarily because the food served does not appeal to the children and therefore there are billions of dollars of Federal investment which are not serving the interest of nutrition or even feeding the hungry.

Have you observed this? Do you have any proposals as to how this could be combated on the community level in Boston?

Ms. KANE. I think the elderly is something that is very important. Their hot lunch program is something that we would be very interested in, and particularly the food being brought to the elderly homes.

I am not sure what you mean about the food not appealing to children, elderly, or anybody.

Mrs. **Heckler**. Well, the school breakfast and school lunch program nationally is almost scandalous in the sense that it hardly feeds anyone because the kids simply throw these things away or just discard them or leave them on their plates. The waste is almost greater than the consumption.

That is a problem that we have heard. This is well documented across the country, and I know that it occurs here. I am just wondering if it has surfaced in Boston and if the mayor has taken any steps to try to deal with it in terms of having these programs actually at least feed the hungry children.

Ms. **Kane** Yes, but that would be through the school department. We would not be involved in that, but we would be glad to be of assistance any way that we could.

Most of our effort, as I mentioned in the testimony, is through the neighborhood health centers. We do directly control those.

Mr. **Richmond**. Ms. Kane, the food stamp program in Boston spends about $2 million and has no nutritionist on staff.

Ms. **Kane**. Really.

Mr. **Richmond**. Does the city of Boston have anything to do with running this program?

Ms. **Kane**. No, that is run entirely by the State. I was shocked to hear that myself when you read that this morning.

Mr. **Richmond**. Thanks so much, Mrs. Kane.

Ms. **Kane**. Thank you very much for coming.

Mrs. **Heckler**. Thank you so much.

Mr. **Richmond**. Our next witness is Ms. Peggy Charren, who is an expert on Action for Children's Television.

Good morning, Ms. Charren.

STATEMENT OF PEGGY CHARREN, PRESIDENT, ACTION FOR CHILDREN'S TELEVISION

Ms. **Charren**. Thank you for inviting me to testify.

It is a lot easier for a consumer to get to downtown Boston than to get to Washington, as I find myself doing every once in a while.

At no time in the history of Amreica have children received so much nutrition education as they are receiving right now. At no time have they been exposed to as many directives to initiative behavior which will impact on their diet habits and on their dental health.

Children today are learning what foods to eat and why to eat them from a teaching machine that is used by over 98 percent of American families, the television set. What they are learning must concern all of us who care about children.

Television is now over 30 years old, but only within the last decade has any serious critical attention been paid to its impact on children. Until recently most parents, teachers, and physicians had little conception of television's influenc on the messages TV was transmitting to the youngest and most impressionable segment of the audience.

The Neilsen Compnay figures that the average American child watches over 25 hours of television per week. That is more time than he or she spends in school or in any single activity except sleep. If you add it all up it comes to 2 out of the first 18 years of a child's life.

It is no wonder, then, that the Nation's advertisers spend over $400 million a year to turn children into surrogate salesmen, the advertiser's personal representative in the home.

The average child will see more than 5 hours of advertising each week, or about 25,000 commercials a year. Advertising on programs with a majority of child viewers is specifically designed to appeal to what television broadcasters have designed as "the child market." While one might hope that advertising might teach children valuable consumer skills, child-directed commercials contain little useful information concerning the price, the nutritional value, or the durability of a given product.

Instead, the child who has the least experience in the marketplace faces some of Madison Avenue's most sophisticated and manipulative ad campaigns.

I am here today because more than one-half of all ads directed to children are for food, most of which is filled with added sugar. Less than 2 percent of these food ads are for milk, fruit, or vegetables. Candy, sugary snacks and super-sweet cereals are marketed to children as being nutritious, delicious, and fun to eat.

Some cereals advertised to children as appropriate breakfast choices contain so much sugar—often more than 50 percent—that nutritionist Jean Mayer has suggested that they be relabeled "imitation cereal" and placed on the candy counter.

I think you alluded to "cookie crisps" in your opening remarks. In the Star Market, which is across the street from ACT office, they have placed it on the cookie and the cereal counters, so somebody is getting that same message.

Armed with marketing research, sophisticated camera techniques, and pretested premium offers, the television advertisers direct more commercials to children than to adults during prime time. They are being taught food preferences and habits that make pediatricians, nutritionists, and dentists shudder.

The Senate Select Committee on Nutrition and Human Needs in its final report specifically recognized the significant role that television plays as a nutrition educator. The report observed that since World War II, the "largest expenditure for public information on diet in the United States has been made by the food industry." The committee described our present situation as one in which "persuasive commercial forces work unremittingly to encourage unwise eating habits and to nullify sound education."

That is what particularly concerns us about children—that nullifying of sound education. The research demonstrates, and certainly advertisers know, that there is a relationship between what is advertised and the food children request and consume. Children believe the commercial messages, parrot the words, ask for the product, and remember the brand name without appreciating the motive of the advertiser.

One study demonstrates that parents yield to almost 87 percent of their children's requests. In another study commissioned by ACT Dr. F. Earle Barcus from Boston University found that ready-to-eat cereal is the product most heavily advertised to children.

Since the greatest per capita consumption of ready-to-eat cereal is by children under 12, it is instructive to look at the ingredients of this breakfast item. Dr. Ira Shannon, in his analysis of the sucrose content, found that Alpha-Bits has 40 percent sucrose, Cap'n Crunch had 43 percent, and eight cereals, including Sugar Smacks, Apple Jacks, and Cocoa Pebbles had over 50 percent. I want to emphasize that these cereals are designed only to be sold to the child market. Any adult who has tasted most of them could understand why.

Although industry guidelines demand that commercials for food should be presented "in accord with the commonly accepted principles of good eating," it is difficult to understand how the insertion of the phrase "part of a balanced breakfast" in ads for these chocolatey, sugar-drenched cereals teaches proper nutrition habits to children.

So-called "educational materials" distributed free by corporations for schools to send home with students reinforce this sticky TV message. A brochure from General Mills called "Some Straight Talk about a Rather Sticky Subject," speaks to parents on the relationship between sugar and cavities with the information that a particular study showed no relationship between the amount of sugar consumed and the development of cavities in rats. Maybe the sugar was washed off the rats' teeth when they were drinking their milk.

I want to quote here from a speech that was made last week. Actually, it was about 10 days ago, now. It was made by the president of the Kellogg Co., William Lamont. He said that advertising to children would not be an issue "if only the products that were advertised were apples and oranges, peaches and pears, dental floss and toothpaste." The issue exists, he said, because a vocal minority of consumers believe that products that are advertised to children are somehow inappropriate for children. The solution, he said, lies in our collective ability to show that the products we market make an important contribution to either the health, social, or physical well-being of the children who consume and use the product.

He said that "if we can't make that case, then I think it will be difficult to maintain our right to advertise to child audience." One would think that this excellent ethical statement would indicate that the cereal industry, or at least Kellogg's, will now stop selling highly sugared nutritionally disastrous cereals to children.

Instead, Kelloggs' has begun a campaign to prove that what they advertise does make an important contribution. They take big ads that proclaim that eating Apple Jacks is like eating an apple. I would like to enter one of them into the record. I have it with me.

Since 1968, ACT has strived to bring change in food advertising directed to children. We have approached the Federal Trade Commission and the FCC with complaints and petitions. Our efforts have resulted in some changes. We have reduced advertising time by 40 percent and children's vitamin ads have been eliminated.

However, proper nutrition education cannot compete with television. At present, ACT's major campaign is to stop the TV selling of highly sugared candy directly to children. We have submitted a petition to the Federal Trade Commission which has the support of major national organizations concerned with children's health.

It focuses on the ads for sticky sweets that stress and emphasize that "chewy chewy caramel" candy is "fun on your tongue and made to last." As you know, it is the stickiness of the candy and how long it lasts that causes the cavities, as every dentist knows. In fact, a lifesaver commercial sings, "super taste and super rolls, 22 flavors and 22 holes." We think that a dentist is going to find those 22 holes in the children's teeth when they eat enough of that product.

When $4.7 billion is spent yearly on dental bills, and 98 percent of American children suffer from tooth decay, these advertising practices are unconscionable. As parents and professionals who work with children, we know from experience what research has demonstrated: That a child lacks the ability to set priorities, to determine relative importance, and to reject some directives as inappropriate.

These concerns are not ACT's alone. A study for General Mills done by Yankelovich states that poor eating habits, irresponsible food advertising, and between-meal snacking are within the top 10 major nagging problems cited by parents today. Of all the concerns mentioned in that General Mills study, parents worried most about between-meal snacking. I notice that General Mills has not made too much of that point in their publicity on that study.

What can be done to alter the mores of food advertising to children? ACT believes that the easiest solution is to eliminate all television advertising directed to children. However, since some people regard this idea as somewhat utopian, ACT offers interim solutions.

First, we think that sugared food in sticky form should be eliminated from children's advertising. Children, more than adults, deserve consumer protection from commercials which impinge upon their physical health.

Second, we think that the Federal Trade Commission should prohibit the use of unfair selling techniques in children's food ads, and of course in other ads also. We believe that the quality of the food ads should be presented clearly and simply.

Third, all food advertising should disclose ingredient information—especially the sucrose content—to permit the consumer to make wise nutritional choices.

Fourth, the broadcasting and food industry should create children's public service announcements promoting good nutrition and ethnically diverse food choices. These PSA's should be placed on programs with large child audiences.

This past year, ABC television network created several such spots for Saturday morning which suggested to the child, "Have a carrot," "You are what you eat," and "Take care of yourself. You're the only one you've got."

I want to emphasize that we do not think that these spots should exist as countercommercials. Unfortunately, children can believe two sets of information at the same time. We think that although these messages are very productive, the other ones have to come off children's air time.

That is a very narrow point of view. We are not trying to get them off all of television.

Fifth, we think that corporations should not be allowed to use public schools to distribute materials designed to sell their products, particularly when those products are the very products that everybody who worries about children worries about.

Sixth, we think that school vending machines should not be filled with sugared snacks. In the few school systems which have done something about this particular problem, they are having very satisfactory results selling even peanuts. There are certain foods that children like to eat, such as popcorn, which are not unhealthy.

American society historically has provided special protection for its children: child labor laws, restrictions on the legal drinking age, and laws governing the ability of minors to enter into contracts are some examples.

Our society cannot solve many childhood health problems, but we need not encourage practices which lead to poor nutrition, obesity, and tooth decay.

Television for children has the power to enhance the wonder of words with the magic of pictures. It could be a whole Earth catalog, a shopping list of creative strategies for coping with an increasingly complex world. At the very least it should not undermine the messages that some children are getting from parents, schools, doctors, and dentists.

Thank you.

Mr. RICHMOND. Thank you, Ms. Charren.

It was fascinating to hear you say that the average child sees 25,000 commercials a year.

Ms. CHARREN. Right.

Mr. RICHMOND. That is incredible. Of course, of those 25,000 commercials, I understand last year only one was on vegetables and two were on soybeans. The rest, as you say, were mostly on junk food.

Ms. CHARREN. I missed the ones on soybeans.

Mr. RICHMOND. You will be interested to know that we are negotiating with the new Chairman of the Federal Communications Commission about the possibility of getting 10 percent of Government time in each time slot, so that we would have 10 percent of Saturday morning time, 10 percent of Saturday evening time, and right straight through, for Government programs. That would be for health, nutrition, or anything having to do with better living.

If we are successful with that, at least we will have that 10 percent of the time—1.8 minutes per hour—in which to get across our message.

You made the statement that we should remove improper advertising from Saturday morning programs. I think that would be very difficult, Ms. Charren. How would you expect to do that and still stay within the first amendment right of free speech?

Ms. CHARREN. If there is no way for any corporation to push to children who are especially vulnerable products which are, per se, unhealthy, it is not a difficult case to make that sticky sugar, for instance—I will use candy as an example because we are focusing on this candy petition now, which is before the Federal Trade Commission.

Candy is a per se unhealthy food for children. It causes one of the most widespread diseases in this country, which is tooth decay. That is a disease. That is not some little thing that you have to deal with like the measles. It is a preventable disease that leads to many other health problems as one grows up.

We think that since it is only commonsense that if preventive medicine makes it possible to eliminate dental disease, or at least to reduce it—certainly this will not eliminate it, and ACT never thought it would—from that point of view it is socially desirable and economically desirable for this country, which spends a lot of money in fixing those teeth. That includes the money that the Federal Government spends in fixing teeth.

We think that from both points of view it is a very easy thing to accomplish. There is nothing in the Communications Act or the Federal law that says we are free to push products to children that will have a dangerous impact on their health.

Mr. RICHMOND. Of course, Ms. Charren, if those products are not used in great volume they would not have a dangerous impact on children.

I believe that what we really have to do is to counter all of that with good advertising prepared by the USDA, and other people who care. I think, however, it would be very difficult to remove the advertising from the air.

Ms. CHARREN. Research into child development and how children grow proves that children are influenced by what they hear. They can believe—as I am sure any parent in this audience must know—two contradictory sets of information at the same time. Even though it is very good and certainly desirable to get equal time for healthy food, it should not be permissible in a country that values its children as its most valuable natural resources to tell them to do something that we know they should not do. It is likely having messages on Captain Kangaroo telling preschoolers to go play in the streets, and then telling parents that they really must know that is unhealthy and they should encourage them not to do that.

Mr. RICHMOND. Thank you, Ms. Charren.

Mrs. Heckler?

Mrs. HECKLER. Ms. Charren, your leadership has been most unique and most effective. You have spearheaded one individual's campaign into becoming a large organization that has won important victories.

I wonder how you would characterize the assistance that you receive from any level of government—Federal, State, local—on the question of nutrition. Is anyone backing you up from the Government itself, in your experience?

Ms. CHARREN. You could not have picked a better forum to ask me that question. ACT has its own counter-commercial as a campaign, for example. We designed a poster with the help of a foundation in New York, and we have managed to print enough posters to contribute to a single bilingual population.

What we were trying to do is to encourage children to eat the stuff that was not sold on television—the fruits and vegetables. We designed a bilingual poster, which was our contribution to nutrition education. We try to educate as well as criticize.

We enlisted the help of Congressman Richmond to distribute this material. We worked with the community to make sure that the poster said what was reasonable to those parents that we were dealing with. Through the good auspices of his office we distributed them to the schools in his district. That certainly was a case of the Government helping to get the message out.

Mrs. Heckler. You must do this in Massachusetts. Don't neglect our districts.

Ms. Charren. We managed to talk a lot in Massachusetts, and it was sort of nice to get our message out in New York.

We are sort of upset, I guess, with the role of the regulatory agencies in this area, which is where ACT has been getting its message out. Certainly our experience with the Federal Communications Commission and the Federal Trade Commission in the past has indicated to us that when it comes to children the regulatory agencies are putting the needs of the advertiser first.

We feel that with the new appointments to these commissions—we have had 7 years of bad luck. Our first petition to the FCC was in 1970. We feel that we have had 7 years of bad luck. However, with the new appointments to both regulatory agencies and with the concern, for example, of this committee in this area, we think we are in for 7 years of good luck.

We think that the time has come for action on something ACT has been talking about for a long time.

Mrs. Heckler. ACT has been very successful. You have won your victories largely through confrontation, and this has been a difficult route. Have you tried a dialog? Is it possible to have dialog between a consumer and industry to start to resolve some of these difficulties without using the bureaucratic process? Is the only answer going to the FCC and so on?

Ms. Charren. We have worked both sides of the street. We started with dialog and we are still engaged in dialog. Dialog does accomplish something. It is certainly consciousness raising.

However, the concerns of the broadcasters, the networks, and the local stations and the advertisers that want to reach the children are focused primarily on the bottom line. I think possibly if I were a chairman of the board or a president of those corporations mine would be, too.

They are not willing to take into account their social responsibility until forced to do it by, for example, a regulatory agency. Any change we have gotten we have gotten because of the sword of Damocles of a threat of a rule from the FCC and no industry wants to be regulated.

It is certainly desirable to meet with these people. We met with, for example, the whole advertising industry under the auspices of the Federal Trade Commission a few years ago to try to establish a consumer industry voluntary code.

The consumers, at least, dreamed up a code that was far short of what we would have liked, but something that we thought was possible, certainly—to do away with the worst abuses. The industry would have nothing to do with it. The only changes that have been made have been made as a direct result of Federal threat.

Mrs. Heckler. Thank you.

Mr. Richmond. Thank you, Ms. Charren.

For our information, we plan to reconvene our hearings in Washington late in January and invite the food manufacturers to testify. That should be a very exciting series of hearings. We plan to present them with the facts and to ask them for their own solutions.

I personally believe that it is possible for many of the Nation's food manufacturers to make just as much profit packaging, processing, and selling nutritious food as they make in packaging, processing, and selling junk food. This is what we are going to try to get across to them.

Ms. CHARREN. We agree with that 100 percent. We hope that the major change we make is that instead of using television's airwaves to sell Frankenberry and Cookie Crisp, they will still sell cereal but it will be the healthiest cereal that they make.

Mr. RICHMOND. Absolutely. This is what Mrs. Heckler and I and the other members of our committee are going to try to do in January.

We hope that you will come and attend those meetings.

Thank you, Ms. Charren.

Mrs. HECKLER. Mr. Chairman, I would like to say that as a result of Ms. Charren's testimony today I would like to propose that we ask a representative of the National Association of Broadcasters to participate in the hearings.

Ms. CHARREN. Right on.

Mr. RICHMOND. Thank you, Ms. Charren.

Our next witness is Dr. Mark Hegsted, who is a professor at the Harvard School of Nutrition.

Dr. Hegsted, we are certainly glad to have you here. You are one of the most prominent people in the field of nutrition in the country. We are delighted to have the opportunity to hear your testimony.

[The prepared statement of Dr. Hegsted follows:]

NUTRITION EDUCATION HEARINGS, Fanuiel Hall, November 7, 1977

STATEMENT by

D. M. Hegsted, Ph.D.

Professor of Nutrition
Harvard School of Public Health
Boston, Massachusetts 02115

I should like to start with a comment about the school lunch and breakfast programs. There have been a lot of questions asked about whether or not these programs improve student performance. Undoubtedly, they do for some students but, generally speaking, we simply lack the technical capability to determine whether they do or not. We are told that we should evaluate these programs and that is correct. But the evaluation of a program depends entirely upon the objective a program is supposed to achieve. The primary purpose of the school lunch is simply to feed children. Children have to eat. If anyone doubts that, they should quit eating for a few days and they will be convinced. When we get hungry and go out to lunch we do not expect to have to demonstrate an improvement in nutritional status to justify our lunch. Research should continue on the effects of a lack of breakfast or underfeeding upon behavior and mental performance, but let us simply admit that kids have to eat and get on with the job of developing good, efficient, nutritious and acceptable feeding programs and utilize them as one form of nutrition education.

Similar comments could be made about most of the so-called nutrition programs. We should not be called upon to demonstrate an improvement in nutritional status to justify supplying food to people.

I want to emphasize that the nutritional strategy which has been developed over the past 50 years and has formed the major thrust of nutrition education has been aimed almost entirely at the prevention of nutritional deficiency disease--the assurance of an adequate intake of protein, vitamins and essential minerals. Although nutritionists cannot claim much credit for it, severe nutritional deficiency has almost disappeared in the United States. Most of the credit goes to our general affluence, the agricultural system and the food industry. Only a very small proportion of the United States consumes nutritionally inadequate diets and we are not even certain of the significance of these moderate degrees of undernutrition upon health. The message that we have developed reads essentially as follows: "Eat more meat, more milk, more eggs, more fruits and vegetables, more grain products--more of everything--but don't get fat."

This message is no longer appropriate. Indeed, it is the wrong message. The major health problems of the United States are related to excessive intakes; excessive intakes of many of the things we have been promoting. These major health problems are heart disease, stroke, cancer, diabetes, hypertension and obesity. We cannot say that malnutrition causes these diseases--they all have a multiple etiology--but our over-rich diet contributes to all of them and dietary modification may be one of the few preventive methods available.

The appropriate dietary message to the public will approximate that proposed as the "Dietary Goals for the United States" by the Senate Select Committee on Nutrition and Human Needs. In essence these Goals state that "Americans eat too much food. Specifically we eat too much meat, too much fat, especially saturated fat, too much cholesterol, too much sugar, too much salt. We should increase our consumption of fruits, vegetables, grain products, especially whole grain cereals, and unsaturated fat."

Translated into foods this means less meat and leaner meat, more fish and poultry, less eggs, sugar and salt, low fat milk, substitution of unsaturated margarine for butter--moderation in things that are high in saturated fat, cholesterol, salt and sugar--and an increased consumption of fruits, vegetables, bread and potatoes, and whole grain products. Appropriate meal and dietary patterns have to be formulated . New educational tools have to be developed to replace the Basic Four and other teaching materials that have been used over the years. These plans, of course, have to consider protein, vitamins and minerals but it is abundantly clear that we do not have to overeat to be well nourished.

Naturally, many segments of the food industry find these recommendations obnoxious and have mounted a heavy lobby against them. For political reasons I expect that the national administration and Congress will not give them vigorous support. Massachusetts has a unique opportunity. At least I trust that the meat and sugar lobbies are not major groups in Massachusetts politics and that we could find political support for the fishing industry and the fruit and vegetable growers, and for improvement in health.

If we are going to teach Americans how to eat, we have to start early. Massachusetts should develop Nutritional Goals which will inevitably approximate those of the McGovern Committee and then a program to institute them. Many people believe that Americans will not eat this kind of diet and argue that it should not even be tried. We should establish programs in schools and other places to see what kinds of meals and feeding programs can be developed which will be acceptable to the recipients and which will approach a more appropriate dietary pattern.

We should launch a statewide nutrition education program, coordinated with the school lunch and other feeding programs. No effort to modify dietary patterns will be successful if it is aimed at a small group. The family should be aware of the Goals and reinforce what is being taught in more formal programs.

We should search for and encourage the various appropriate food industries to participate in and be a part of a nutrition education program. The list of probable participants is not limited to the fish, fruit and vegetable growers. The food retailers have the most intimate contact with consumers of all of the industries and should have a special role in nutrition education. Progressive retailers can be expected to assist in determining what the effective ways are of modifying food purchases and consumption patterns. Clearly, a nutrition education program will not benefit all parts of the food industry but it will benefit many.

The consumer interest groups should participate.

We should examine the food production system in Massachusetts with a particular concern for nutrition, dietary goals and local production. The state should be interested and I assume they are in the preservation of the few productive lands we have left and to prevent the further erosion of them by suburbia.

Massachusetts should take the lead. The risk of developing heart disease, cancer and other degenerative diseases is high in Massachusetts--higher than in many states. It is an appropriate target area. We need some substantial demonstration programs of what can or cannot be achieved in a coordinated, overall health and nutrition education program. The program should be coordinated with other efforts to decrease the so-called "killer diseases"--the antismoking campaign, the programs to detect and control diabetes, heart disease, cancer, etc. The program must be set-up so that we can determine what we do or do not achieve. We would have to have a system which will monitor changes in food habits and food purchases. We would need a carefully developed system to record attack rates and mortality from heart disease, cancer, stroke, diabetes and hypertension. Much of this system is already in place but I assume it would have to be expanded and coordinated. A program of this kind would have to be planned for 10 years or longer if significant results are to be obtained.

The universities in Massachusetts now have more nutritional talent than is available in any other state. With appropriate support we can mount a better program than any state in the union.

There is a lot of talk about nutrition and nutrition education in Washington and elsewhere but there is a dearth of innovative ideas. Simply voting additional funds for nutrition education is not enough. It will probably result in a continuation of nutritional education programs which have been relatively ineffective and which have had inappropriate targets. We need new programs based upon the actual nutritional needs of our population. These include assurance of adequate intakes of essential nutrients, as in the past, but the major objective must be to provide assistance in the control of chronic disease. Nutrition education programs need evaluation but you cannot measure accomplishment if the objectives are inappropriate as they have often been in the past.

The development of a satisfactory program will need a substantial amount of money. Massachusetts should begin now to establish a sensible and innovative program and expect that our representatives and others in Washington will then find the means to provide the funds that will be necessary.

Mr. RICHMOND. Thank you very much, Dr. Hegsted.

How do you think we can reduce plate waste, Dr. Hegsted? Mrs. Heckler and I have seen reports which show that across the country a very large portion of school lunches, for which this Nation spends billions of dollars, are discarded.

For example, 47 percent of all vegetables are thrown away, 20 percent of all milk, 19 percent of all meat, and something like 16 percent of everything else on the tray usually finds its way into the waste basket. Those are national figures. Every school lunch program in the whole country suffers from terrible plate waste.

Have you any suggestions on how we can improve that?

Dr. HEGSTED. I am sure that we have to get to work on the problem and focus on that problem rather than on trying to improve the nutritional status of the children. It seems to me that it is a problem of developing an appropriate technique to provide nutritious food that children will eat. Obviously we have not put enough effort into doing that.

Mr. RICHMOND. Obviously, Dr. Hegsted, a good nutritious lunch that children will eat would itself be nutrition education, wouldn't it?

Dr. HEGSTED. Absolutely.

Mr. RICHMOND. Mrs. Heckler?

Mrs. HECKLER. Dr. Hegsted, I thank you for your excellent testimony.

I had never heard that we were an especially high-risk cancer area. Is that true of all types of cancer?

Dr. HEGSTED. I cannot answer specifically in terms of cancer, but in terms of heart disease I have argued that my salary was not high enough to warrant the risk I take of living in Massachusetts, because this is one of the most high-risk States in the Union.

Mrs. HECKLER. Think of the cultural enrichment and what that does for the quality of life.

Dr. HEGSTED. There are some compensations, but any situation can be improved. The costs of these diseases are the primary health costs of the Nation. What we waste on ineffective school lunch programs is small compared to that kind of a problem.

Mrs. HECKLER: Thank you, Dr. Hegsted.

Mr. RICHMOND. Thank you, Dr. Hegsted.

Our next witness is Dr. Jonathan Fielding, who is the State commissioner of health.

Our committee has just completed an intensive study in nutrition education and nutrition programs in Boston. I thought we might let you have some of our findings and then get your response.

The Commonwealth of Massachusetts spends $4 billion annually on health care. It is estimated that improved nutrition could reduce this bill by one-third. The 10-State survey showed that although starvation was not a problem in Massachusetts, a large proportion of the population was marginally nournished and poor dietary choices were very common.

Experts agree that little has happened in the last 7 years to change the situation. There are 38 separate food and nutrition programs administered by 19 different agencies in the State.

A minimum of $277 million is spent annually by these programs, with 90 percent derived from Federal funds. Most programs offer some type of nutrition or food information from printed booklets and flyers to one-on-one counseling.

To the subcommittee's knowledge, there is no compilation of information currently available as to the extent of nutrition education funding or outreach on a State or local basis. No formal mechanisms of coordination exists to determine needs for services or program priorities. No overall planning is carried out at the State or city level.

Information gathered by our subcommittee through telephone interviews with regional, State, and local administrators and nutritionists, as well as the 1977 report of the Massachusetts nutrition board—called the "Status of Nutrition and Nutritional Services"—indicate a number of items which Mrs. Heckler will outline in just 1 moment.

Despite mandated nutrition education services in many federally supported food and nutrition programs, inadequate funding, staffing and planning has severely limited these efforts. The average consumer has been all but ignored.

Few programs emphasize diet concepts which are critical to health maintenance. There are no highly visible aggressive methods used to interest, attract or motivate the vast majority of Boston residents to develop a working knowledge of nutrition.

Despite the importance of Boston's nutrition science, nutrition education is little seen and little heard. The least efficient media and methods are used by the program. The subjects of greatest concern appear to be given little or no attention.

Consumers have little opportunity to influence the shape or content of these programs. Evaluation is practically nonexistent. Duplication of services and gaps are very apparent. Motivation and persuasion are not systematic.

Children and the elderly, who obviously need nutrition education, are given short shrift.

Now, Mrs. Heckler, I wonder whether you would present the shocking statistics that we have developed?

Mrs. HECKLER. Well, the statistics on the Commonwealth of Massachusetts have revealed a pattern of failure to follow the mandate in the Federal programs on nutrition education despite the fact that there are many federally supported nutrition programs and food programs in Massachusetts. We find that there has been very limited staffing, planning and funding of nutrition as a portion of the food programs.

For example, while the food stamp program is budgeted at almost $2 million for the administrative support of the program in Boston, they do not employ a single nutritionist. We feel that this is a glaring flaw in the food stamp program.

The EFNEP program reaches 2 percent of the eligible households in the city of Boston. The 1,500 EFNEP families are serviced by 2 nutritionists and 20 community aides.

The 2 percent involvement in Boston compares very unfavorably with 10 percent, which is the national average.

The WIC program reaches only 10 percent of the eligible low income people—women, infants and children—considered medically vulnerable. Seventeen nutritionists and aides counsel the whole WIC program.

The Boston nutrition program for the elderly reaches 8,000 elderly. That is 8 percent of the eligible over-60 population. Only 4 percent of the program's $1.2 million was spent on nutrition education in 1977.

Low income preschool children between the ages of 3 and 6 are eligible for the Head Start program, which is really one of the best programs the Federal Government has ever funded. However, only 17 percent of the eligible population is actually served.

All of this indicates a pattern of almost neglect of the issue of nutrition at the level of the State government and city government as well. The question is: What can we, in the Federal Government, do to have our States get the message that nutrition education as mandated in our legislative proposals is indeed the law. How can we put teeth in the law? How can we help you be effective?

Obviously, the Massachusetts record is not the worst in the country. However, it is sufficiently poor, to be termed very inadequate. The question before us today is: How can we proceed in the future? What more can we do? Why is it that nutrition has been ignored in Massachusetts?

Mr. RICHMOND. You have got a big order, Dr. Fielding. We are quite anxious to hear your own observations.

STATEMENT OF DR. JONATHAN FIELDING, MASSACHUSETTS STATE COMMISSIONER OF PUBLIC HEALTH

Dr. FIELDING. Thank you very much, Mr. Chairman and Representative Heckler.

I am glad to be here this morning.

Unfortunately, I think that the panopoly of Federal programs which have come through different sources into different State agencies has in fact deterred coordination so that my ability to speak to you about all-nutrition programs is limited by the fact that many of them are not in the Department of Public Health and the Department is not eligible to administer many of them.

Therefore, the first thing I would say is that in terms of lack of coordination, the way the Federal programs are set up almost insures that the kind of coordination which I feel is essential—and you obviously feel is essential—does not occur.

Let me first assure you, though, that there is no lack of interest in nutritionists. One of the most important areas that our department has been working in is this one.

In thanking you for inviting me here, I would like to talk a little bit about what we are doing and what we think that you can do in your role to make our program better and to help us make them more effective.

As research continues to substantiate the link between health and dietary patterns, health agencies—I hope—will increase their nutrition efforts.

My understanding is that this hearing is being held to learn more about the types of nutrition education specifically that are being offered and to gather information on new directions that should be taken.

The WIC program—a USDA sponsored program—is operated jointly with the Department of Health, Education, and Welfare, title

V, maternal and infant care program in the division of Family Health Services.

The WIC budget is $5.2 million, 10 percent of which is spent on nutrition education, as we are allowed. This money includes salaries of nutritionists as well as operating expenses of counseling services. At present, 20,000 pregnant and post partum women, infants, and children receive the benefits of the highly nutritious food package and nutrition education.

The estimated eligible population, however, is over 250,000. We feel strongly that nutrition education is a vital component of the WIC program and only through expansion can the WIC program develop the real preventive program that it is meant to be. We would urge your support for increasing the funding of that program so that we no longer reach less than 10 percent of those who could benefit from it.

You have, I think, a copy of testimony submitted by our WIC nutrition coordinator, Ms. Janet Packard. I will not repeat that part of your record.

Mr. RICHMOND. The WIC program, which we were very instrumental in starting just a couple of years ago, does include a nutritionist in every one of its centers. That is part of the regulations. We find that that is practically the only area in the city of Boston where you do have adequate nutrition education.

Dr. FIELDING. Again, that is the only program that is directly under the Department. I will in a few minutes go into the efforts that we are making to try and bring what we are doing together with what the other agencies are doing.

I think what you are saying corroborates that we have been making a very significant effort to get nutrition education as part of our package. As far as I am concerned, programs of nutrition that do not have an important nutrition education component cannot be as effective as they need to be.

Mrs. HECKLER. Dr. Fielding, how would you explain the food stamp situation, then, where there is virtually no nutritional component?

Dr. FIELDING. Again I have to defer a little bit because that is not within my department. I was not aware that that was going to be a subject for discussion this morning. However, I would be happy in a few moments to go over what we are doing to try and bring that program into better synchrony with what we are doing in the Department.

We do have another division within the Department which has a nutrition education component; namely, the Division of Food and Drug. The Division is currently working on written material to demonstrate the need for expanding the list of food products that should carry full labeling details. In addition, the Division is advocating open code dating of all nonperishable food items sold in the Commonwealth.

Third, an area of nutrition education that is often forgotten is in the food service departments in the State and federally operated facilities. We have two State dietitians to work on titles XVIII and XIX survey inspection teams for State licensing and Federal certification for long-term care facilities. They provide both consultation and technical support to the administrtaors and food service staffers of approximately 700 facilities throughout the Commonwealh.

With an increasing number of elderly citizens living in nursing homes, I think educating the staff that feeds them should be an integral part of our nutrition education effort.

In addition, there is a current move to deinstitutionalize patients with mental illness, alcoholism, and drug problems. Halfway houses and community residents also need nutrition education services.

Last, the Department of Public Health is committed to a program of health promotion and disease prevention. A year and a half ago we created the Division of Preventive Medicine with the priority of developing prevention programs dealing with individual behavior and with governmental incentives. We accept nutrition as a cornerstone in all of our prevention efforts.

Although the nutrition section of the Department was once large and offered a variety of services, it is currently quite small. We are just beginning to rebuild the staff structure.

I have attached, for your information, to part of my testimony a copy of our paper entitled: "A Program for Prevention in Massachusetts," written in conjunction with the staff of the Division of Preventive Medicine. We issued this last February. That is the first time the State has issued a comprehensive approach to preventive medicine. This paper spells out, I think, in some detail our goals and objectives in nutrition and preventive medicine.

The Division of Preventive Medicine sees itself as providing support to a variety of health services that should contain a stronger nutrition emphasis in creating nutrition education services for target populations presently served by other programs.

An additional area of interest, and one that speaks directly to both of your questions, I think, is the report of a Massachusetts nutrition board, which I also attached. This contains a statement of our overall goals, an approach to activities over the next 3 years, an assessment of the nutritional status in the health of the citizens of the Commonwealth, and an inventory, for the first time, of food and nutrition programs in the Commonwealth.

It is the first attempt, that I am aware of, to coordinate nutrition services. Again, I am not familiar with what other States do, but I have not seen those kinds of documents issued from some other States.

Mr. **Richmond**. We will include that as part of the record, Doctor.

[The report referred to is held in the subcommittee file.]

Dr. **Fielding**. Thank you very much.

I think that our greatest concern in nutrition education deals with the effects of Federal categorical funding of nutrition programs. If you look at the present programs you will find that the target populations are specified. Title VII deals with the elderly. WIC and MIC directs nutrition education at low income pregnant women and mothers. There is co-op extension, EFNEP, low income young homemakers and children, and the new food stamp law contains a provision for nutrition education aimed at the low income population.

Even if these programs were funded properly and operating with an innovative and creative perspective, I think they would only be reaching a limited segment of the population that needs to be reached. There is a significant proportion of our population that really has no access to nutritional education information.

Mr. RICHMOND. Is EFNEP under your department?

Dr. FIELDING. No. Middle and upper income people who have family physicians, I think, are developing a fairly strong health consciousness. They are asking about nutrition. However, where do they go to get help? We receive a deluge of phone calls from citizens who are confused either by their physician's dietary instructions or have read something about nutrition in a magazine and do not understand the information. There are people who are calling us and asking us the best diet to help them prevent heart attacks, cancer, hypertension, and so on. People are hearing a great deal about hyperactivity in children and its possible relationship to food additives. They want to know more about it.

Where should they go? They go to a bookstore, they pick up some literature, and they call us because they do not understand what they have read.

Mrs. HECKLER. Dr. Fielding, since we are so renowned for our medical centers in Boston and for the quality of medical care, isn't is possible, with the number of medical schools here, that we could lead the Nation in developing an emphasis on nutritional education as a requirement for graduation from medical school? Is this something that you could initiate?

Dr. FIELDING. I think a general orientation in medical education toward helping individuals do things that promote their own health and prevent disease is very much in order. It has been, if not absent, certainly understated in most curriculums of medical schools and schools for other health professional training. It is not simply a problem of medical schools.

Therefore, I do think that that area is one that needs a lot more emphasis. I think that little by little that realization is coming, albeit too slowly.

I would like to leave you with a few concrete suggestions.

First, I think that all agencies dealing with education and health need one set of dietary guidelines so that they can focus their nutritional education efforts and those will be consonant, one with the other.

Mr. Richmond, the Surgeon General Assistant Secretary for Health, has stated that he is considering developing a Surgeon General's report on prevention which would be analogous to the Surgeon General's report on smoking first issued in 1964. He said that this would include a national dietary guideline set.

The Senate Select Committee on Nutrition and Human Needs is currently revising its set of dietary goals, which could—and in my view, should—become these dietary guidelines. We would urge you to support Dr. Richmond's commitment and the committee's goal so that all nutrition education will have the same set of goals.

Second, we suggest that all Federal feeding programs create a "do as we do" instead of a "do as we say" policy. If USDA or HEW supports nutrition education programs that emphasize low saturated fat intake and more fresh fruits and vegetables and a lower sugar intake, then we have to supply food preparers and deliverers with the means to offer meals of similar quality. This requires both a financial commitment and a review of food donations.

When a set of dietary guidelines is promoted by the Government, I think that all programs—whether they are educational or actual food service delivery—should work toward meeting those goals. People should be getting one consistent message from the Federal Government.

Third, we would urge you to include nutrition education services in all health legislation. Depending upon the individual hospital or health center administrative policies, a visit with a nutritionist in Massachusetts can cost an individual anywhere from zero to $32 per visit.

Permitting third-party payment for nutrition counseling, both therapeutic and preventive, is the best means, in my view, to foster more health-related nutrition education at the local level.

Thank you for the opportunity to both respond to your concerns and to give you a laundry list of my own. I would be happy to answer further questions.

Mr. **Richmond.** Dr. Fielding, you have mentioned so many times that Boston is the headquarters of some of the most distinguished nutritionists in the world. Do you have a nutrition counsel of some sort that advises you? Do you use the services of Dr. Mayer and Dr. Hegsted and Dr. Dwyer and all of the other great people you have living here in Boston?

Dr. **Fielding.** I think we have gotten excellent cooperation from those interested in nutrition, including Dr. Hegsted, who was before you earlier, and Dr. Mayer and a number of his staff.

In fact, one of his staff—Dr. Gershaw, who was formerly at the Harvard School of Public Health—is on our nutrition board. We do have a board. The board is, I think, a distinguished board that helped develop this proposal for coordination and really sets out our goals and priorities.

I think that the difficulty is implementation along those lines. It is not easy, but not too hard, to get together a document like this. The hard part is to make sure that every place where health services are being delivered or in every school system and in every home, that people are in fact committed to the same things.

I do not know if you saw "60 Minutes" last night, but there was a very interesting program indicating the huge number of foods that now contain sugar—including many vegetables. The issue of cereals is well known, and these kinds of things.

Therefore, it is not simply a question of having a set of goals and being able to implement that in terms of State programs. That, albeit important, is only going to reach a limited proportion of the population. We need the right kind of incentives built into our reimbursement systems and built into the delivery services, which include preparation and handling of food if we are going to be able to piggyback on the goals and objectives of this report.

Mr. **Richmond.** Dr. Fielding, if we gave you a copy of our subcommittee staff report listing the eight items that we find are way below average for the city of Boston, would you comment on each one in writing? Would you have an opportunity to do that? I would like very much to know why Boston should be well below the national average on each one of these eight points.

Dr. **Fielding** I do not either. Offhand, I cannot tell you how Boston compares with other metropoitan areas around the country or even other metropolitan areas in Massachusetts. I would certainly get in touch with the heads of all the involved agencies and coordinate a response to your question.

Mr. RICHMOND. Thank you.

Mrs. HECKLER. Mr. Chairman, I would also like to ask that the deputy mayor be given a chance to see this study and comment as well.

Mr. RICHMOND. Fine. We will get copies to both of you. We really would appreciate your comments.

Take the expanded food and nutrition program, which Mrs. Heckler and I have oversight over in our own department, which is allocated $60 million a year. The average throughout the United States is 10 percent of the people who need this program get it. In Boston, only 2 percent are getting it.

Granted, 10 percent is small, but 2 percent is even smaller, isn't it?

Dr. FIELDING. Sure. There is no question about it.

Let me come back with the example I used—our WIC program. This is one with which I am more familiar, because it is the major program administered by my agency. We are meeting the needs of approximately 20,000 eligibles when really there should be the wherewithal for 250,000. Therefore, I think that there are areas where things need to be expanded in terms of what we do and where the mandates and the dollars to reach more of the population are available. This needs to come through your efforts.

Mr. RICHMOND. Thank you very much, Dr. Fielding.

Mrs. Heckler?

Mrs. HECKLER. Dr. Fielding, do you feel that the Federal Government is giving you clear signals? Obviously, there are two different sets of nutritional standards—one by USDA and one by FDA. We have not even agreed on what is truly nutritious in terms of going beyond basics which have been on the books for years and years.

Can we really organize effectively if we have not implemented clear thinking among our Federal agencies at the highest level?

Dr. FIELDING. I think that at least things are moving in the right direction. The current Secretary of Agriculture has indicated that in his view the Department of Agriculture's program should be more than simply a giveaway program. I think that nutrition education is an important part of that.

Mrs. HECKLER. What about FDA?

Dr. FIELDING. I think that FDA feels that way as well. That does not mean that they are together on everything. I do think that the direction is right, but I think that they need the clear mandate from Congress and the pressure to make sure that they provide you with one set of goals and the policies that they are going to use to keep their categorical programs in the system, but in addition I think they need to have the mandates broadened so that we do things out of one pot rather than out of several pots.

When we are doing things in so many categorical ways, it makes it all that harder to keep the programs coordinated.

Mr. RICHMOND. Thank you very much, Dr. Fielding.

I will be looking forward to receiving some of the answers to our questions.

Dr. FIELDING. Thank you very much.

[The prepared statement of Janet Packard previously referred to follows:]

The Commonwealth of Massachusetts
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JONATHAN E. FIELDING, M.D.
COMMISSIONER

NUTRITION EDUCATION
IN THE
MASSACHUSETTS SUPPLEMENTARY FOOD PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

Statement for House of Agriculture Subcommittee on Domestic Marketing, Consumer
Relations, and Nutrition
November 7, 1977
Boston, Massachusetts

Prepared by:
Janet Packard, Nutrition Coordinator

Massachusetts WIC Program
Division of Family Health Services
Special Projects
Department of Public Health

Jonathan E. Fielding, M.D., Commissioner, Department of Public Health
Janet Berkenfield, WIC Director

NUTRITION EDUCATION

IN THE

MASSACHUSETTS SUPPLEMENTARY FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

The present administrative State WIC staff took responsibility for the Massachusetts WIC Program in October 1975. In that two year interval, the Massachusetts WIC Program has grown from 9,000 participants in five eastern Massachusetts projects to over 20,000 participants in 21 projects in all parts of the Commonwealth. The policy of the Massachusetts WIC office has been to provide nutrition service and nutrition education as the primary component of the WIC Program. In addition to nutrition, WIC administrative funds (25% of food costs) cover whatever clerical and management input is necessary to operate the program and to tie supplementary food and nutritional guidance into local health care systems.

Two central elements of the nutrition education program are now in place. These are the nutrition counseling and assessment procedures and the statewide voucher system with its invaluable contribution to nutrition education.

The core of Massachusetts WIC's nutrition education program is individual nutritional guidance to WIC mothers via the professional nutrition assessment provided for each participant. A thorough review of each participant's nutrition status is made. Growth patterns are compared to standards, blood iron levels are checked and the medical and health history is reviewed for nutrition related problems such as dental caries. Usual dietary and food preparation practices are discussed, recommendations are made and a nutrition care and nutrition education plan formulated. High risk or problem cases are followed by the nutritionist for continued counseling.

At present we are training existing staff who have been voucher clerks to be nutrition assistants. Although many details remain to be worked out, the general plan is as follows. Each assistant will have a caseload whom she sees regularly at voucher pickup appointments. At this contact a quick check will be made: New health or nutrition problems? Use of food package? Follow-up on previous nutrition advice? Keeping nutrition counseling appointment? Food preparation and food purchasing will be covered in group contacts led by nutritionists and nutrition assistants. Nutritionists will work closely with the nutrition assistnats. The nutritionists are responsible for the quality and content of the nutrition and consumer education program which the nutrition assistants are providing. The State office will provide guidelines, policies and educational materials.

Preliminary estimates indicate that it will require at least 10% of food costs to underwrite the nutrition services outlined above. We feel that the strength of the Massachusetts WIC nutrition program lies in the fact that all WIC participants have a thorough professional assessment which provides the basis for practical plans to give the level of nutrition help needed. The next step is to provide ongoing counseling and nutrition education. However, at present staffing levels it will be possible to follow in depth only a very few high risk cases. General education and quick checks on nutrition and health status will have to be enough for a major part of our nutritionally high risk caseload. We consider this to be only the bare bones of a nutrition intervention program which hopes to deal with hard core poverty problems.

Although in the Massachusetts WIC Program the voucher system is not budgeted as part of nutrition education, the food vouchers are indespensible to the nutrition care program. The primary function of the system is to standardize the way WIC foods are handled and to keep accurate, computerized records of all participants and all transactions statewide. From the point of view of the nutrition education program, the voucher system is an essential tool because it allows the nutritionist to vary the standard WIC food package. WIC participants who have lactose intolerance can get the buttermilk or cheese they need, low fat milk can be provided if indicated or small size food packages can be supplied. Although it may sound rather simple minded to emphasize this point, since off hand it seems a simple process to see that people get the kind of milk best suited to their needs, it is in fact a highly complex process to provide the computerized mechanics for choice within a system that is structured tightly enough to allow good monitoring of some 200,000 monthly transactions all over the State. The fact that our voucher system allows flexible use of WIC foods is very important.

The other major application of the voucher system to WIC nutrition education is the computer capacity to accommodate program data that will show how Massachusetts WIC participants use WIC foods and the extent to which nutrition education affects the food habits of WIC participants. Over a period of time we will be able to trace changes in food intake patterns and food purchasing patterns. This information will reflect the impact of the WIC program on the ongoing nutrition practices of WIC participants.

The unique potential and significance of the Massachusetts WIC nutrition education program lies in two elements: the fact that the educational package is an individually tailored set of advice and instructions and that the package is part of health care. With individual counseling the participant is not asked to absorb a body of nutrition knowledge and marketing skills and then expected to apply the information and skills as best she may in the helter skelter of her life; instead she has the benefit of skilled analysis of her feeding responsibilities and her needs. She then gets specific practical advice and opportunity to learn more. Health care provides the optimum setting for nutritional guidance which is then recognized by participants as a logical part of health care. Medical/health care recommendations command respect and attention. Bombarded as the consumer is with conflicting information and bewildering food choices, it stands to reason that personalized nutritional advice, given with the still respected competence of the health care professional will have the maximum of credence and impact.

Janet Packard, Nutrition Coordinator
11/2/77

Mr. RICHMOND. Dr. Jean Mayer?

Dr. Mayer, since I have been chairman of this subcommittee I have heard nothing but praise for your expertise in nutrition. I am very eager to hear your testimony.

Mrs. Heckler might wish to add her own greeting.

Mrs. HECKLER. I would just like to wish you a special welcome. I would like to express my gratitude to you for your presence today. Although the commitments of the president of Tufts University are manifold and multiple, your presence indicates the strong commitment to nutrition which I am happy to see, because we need your leadership there.

STATEMENT OF DR. JEAN MAYER, PRESIDENT, TUFTS UNIVERSITY

Dr. MAYER. Thank you, Congresswoman.

I am delighted to be here, needless to say. I am delighted to see the considerable interest in nutrition that the House of Representatives now demonstrates by these hearings. It is particularly gratifying at a time when the Senate select committee is disappearing.

Many of us in nutrition were worried that the importance of nutrition would be decreased in Congress. I think actually with the advent of the Subcommittee on Nutrition in the House and one in the Senate, we are perhaps in a better position for the years to come than we have been in the past.

My testimony, I think, has been distributed. However, I would like to go over it—perhaps not in exactly the same words, but just to emphasize certain points.

Mr. RICHMOND. Dr. Mayer, your entire testimony will be included in the record. Any remarks you make, of course, will be most welcome.

Dr. MAYER. Thank you very much, Mr. Chairman.

[The prepared statement of Dr. Mayer follows:]

U.S. House of Representatives

Committee on Agriculture

Subcommittee on Domestic Marketing,
Consumer Relations, and Nutrition

Testimony on Nutrition Education

by

Dr. Jean Mayer
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Boston, Massachusetts
November 7, 1977

I think we can all perhaps agree that there has never been a greater need for sound and effective nutrition education in America than there is today. In our grandfathers' time, nutrition education was a very simple thing. It consisted of showing newcomers to our shores the traditional American foods and cooking and eating patterns. Even as late as World War II, the Basic Seven Food groups was a very good method of teaching people the ways in which a variety of traditional foods can be put together to provide a good diet.

Today, we have a very different situation. What food group is a turkey pie? Or a pizza? Or a spinach souffle? Each month several hundred new products are introduced into our supermarkets. Some replace old foods, but many simply expand our food supply. At this point, we have an average of 18,000 different articles in our food stores. Each year as many as 500 successful new products may be added. Since people do not eat any more than they did, in fact in terms of quantity and in terms even of calories they are eating less, the net result is to change eating habits, and not necessarily for the better. To eat well, today's consumer must have a knowledge of good nutrition, both the way it affects the body, as a matter of preventive medicine, and the ways in which you can get all the essential nutrients from foods and combine foods into a good diet.

A generation ago, we could still concentrate on educating whoever did the food buying and cooking and be fairly certain that the whole family would be eating quite well. Today, eating patterns have changed drastically. About one-half of meals are eaten outside the home. Young people are much more independent in their food habits. Meal habits of a family may be quite erratic, with snacks and individual meals replacing the family breakfast or dinner. The result is that individual family members are really very much on their own when it comes to choosing a good diet.

In addition to a complex food supply, in which many foods may look like and almost taste like traditional foods, but have very different nutritional values, and the destruction of food habits by the destruction of meal habits, other factors militate against a good diet. Few other subject areas are in competition with as much misinformation as is nutrition. Books and articles on diet and nutrition written by uninformed laymen or outright quacks far outnumber those written for the public by informed professional writers or by authorities in nutrition. And I must admit that those that do exist are often not as well done. The public is becoming more educated and sophisticated. Too many nutritionists are still trying to teach nutrition at an oversimplified level, and that is not the way to capture attention. The reason people read books by "food faddists" and the like is that they do talk in complicated terms about vitamins, protein, amino acids, and so on, and many of them do translate this information into foods, although very often in terms most nutritionists could not agree with. As a result of this misinformed approach to nutrition education, coupled with a lack of awareness of even the basic requirements of a good diet, belief in miracle weight reduction or disease prevention treatments and fads of all types, some of them highly dangerous, like the current vogue for the protein-sparing fast, are as rampant today as they were a generation ago.

Food advertising all too often is an abundant source of misinformation.

Advertisers have a yearly budget hundreds of times in excess of federal expenditures for nutrition education, and they are, quite naturally, out to sell products. It is not because someone is consciously attempting to destroy the food habits of the American people, but simply because of the nature and structure of the industries involved. The products which absorb much of that advertising budget have little nutritional value – such things as candies, soft drinks and high-calorie, low-nutrient snack foods, products that are concentrated in a few industries and can be marketed nation-wide. By contrast, some of the best foods, such as fruits and vegetables, are sold by many small, local producers, who do not have the resources to advertise individually nor the brand-name incentive to band together to advertise nationally. This, of course, is not all the reason, but it is part of the reason for the net effect of food advertising, which is to miseducate the public, including our children, from the better foods to the poorer foods. In the last few years, there has been some small increase in effective and accurate nutrition information in ads from large food concerns. But by and large, food advertising is still nutritionally counterproductive.

So we have working against us a number of factors. We have, first, an increasingly complex and heavily processed food supply, which really mandates an understanding of what constitutes a good diet in terms of our needs for nutrients and various food components, where the nutrients and components can be found in foods, and how the foods should be put together for good nutrition. We have a fragmentation of family eating habits, which also mandates that every family member, not just the homemaker, be aware of his or her own dietary needs. And we have abundant sources of nutritional misinformation. How might we proceed?

First, I think two actions would be very helpful. We have some nutrition labeling, and, although we are finding that a number of consumers have trouble understanding it, I think the program should be expanded to include such things as percentage ingredient labeling on packaged foods, some form of nutrition labeling for fresh foods, and a consistent and understandable system of food grading. I think also that it should be a requirement that the recipe of all new foods, those now on the market and those which will appear, should be on file in Washington, just as an author is required to submit two copies of a new book for filing at the Library of Congress. Consumers have the right to know what is in the foods they are asked to buy, and so do the regulatory agencies, in particular the Food and Drug Administration which is charged with the Department of Agriculture with protecting our food supply.

It is clear that our targets for nutrition information and education must cover a much broader spectrum of the American public than in the past. I am delighted that HR 1139 has passed both houses of Congress with the inclusion of the Humphrey-McGovern amendment. This amendment, which mandates a 27-million dollar fund from the School Lunch Program to be spent on nutrition education activities for children, teachers, and school food service personnel, is a big step in bringing nutrition education into the classroom and the school lunch room. Incidentally, I would urge that in next year's appropriation a certain amount of the total be set aside for research in nutrition education. For, we may as well admit it, the food advertisers and the popular but uninformed writers seem much better able to convey their anti-nutrition message than we are to sell the real thing. We need to find out how to do nutrition education for the general public before we will be able to do it really well.

As President of Tufts University and as a Professor of Nutrition at Harvard, I have found that our students are ready and anxious for all the nutrition information they can get. It would be of great help if the government could provide funds earmarked for nutrition education, as well as nutrition research, both at the undergraduate and graduate levels of university education. At the graduate level, a clear target should be the students in our medical schools. It seems that I am always urging the passage of the Schweiker Bill, which would set aside funds for nutrition education in medical schools, but I sincerely believe that such a provision would make a great difference in our ability to inform our students of this most important aspect of preventive and curative medicine. The physician, as the leader of the health team, is of special importance, but we should not neglect the other members - the nurses, dietitians, and allied health professionals.

Finally, of course, there is the general public. As I have said, we need to know better how to do effective nutrition education, with particular reference to an understanding of nutrient needs and the ways in which they can be translated into foods. But I think that a carefully-researched campaign in the mass media, perhaps coupled with some form of restriction on the dissemination of grossly misleading nutrition information would be one effective device. Another, for which I also urge consideration, is the encouragement in every way possible of food chains, restaurants, and particularly supermarkets to provide nutrition information. Having such knowledge readily available right at the point of food choice might be one of the best ways to alter American dietary practices for the better.

Dr. Mayer. I think it is important to realize that the need for sound and effective nutrition education in America in probably greater now than it has been in the past. This is for a very specific reason. Two or three generations ago nutrition education was a very simple thing. It consisted in the United States of showing newcomers to this country the traditional American foods and demonstrating existing cooking and eating patterns which newcomers could then blend with their traditional food habits.

Under those conditions, even as recently as World War II, it was relatively easy to do nutrition education through such systems as the "basic seven" food groups which essentially illustrated the great variety of foods available and emphasized the need for a varied diet made up of either natural or only slightly processed foods.

Today we have a very different situation. The traditional method of "food groups" becomes essentially inapplicable. For instance, what food group is a turkey pie? What food group is a pizza? What food group is a spinach souffle?

Every month we add to the already enormous diversity of products in the supermarket, which amounts to approximately 18,000 different articles. As many as 500 new articles a month are added.

The great majority of those new products is not retained. They are not commercially successful. However, even then, every year it has been estimated that as many as 500 successful new products are added. The addition is only partly counterbalanced by the disappearance of some older products.

Since, in fact, people do not eat any more than they used to—in fact, they eat somewhat less to compensate for their decreased physical activity—the net result is that we are obviously changing food habits, and we are changing them at a rapid rate.

The new products tend to be complex products involving a great variety of ingredients. Some products have as many as 20 or 30 ingredients. To eat well, therefore, people have to have a knowledge of good nutrition both in the way in which it affects the body in the immediate sense and in the way in which it affects the body in the long run. People have to be able to compose a sound diet on the basis of what, in effect, is a very complex operation.

To do it well, they not only need to know what the body requires, but they also need to know, in quasi-quantitative terms, what is in the foods that they are consuming.

It is easy to deplore the departure from natural or lightly processed foods, but it probably is not a constructive way of looking at the way in which people are likely to feed themselves. The difficulty of acquiring lightly processed foods, the fact that there are more and more families where both the husband and the wife work—all this emphasizes the need for convenience foods.

I think that we have to take for granted that while a lot of those complex foods are unnecessary and while a certain return to lightly processed or unprocessed foods is certainly desirable, we are going to continue to have a very complex food system.

There is another element in the need for nutrition education which perhaps has not been emphasized sufficiently. A generation ago basically the whole family ate together except perhaps for the sandwiches that the man in the family took to his work or that the children took to school.

If the homemaker knew enough about good nutrition the family was well fed. At present, we have to recognize that an enormous proportion of meals are taken by individuals singly and that families more and more consume a great many of their meals outside of the home, where people make—by and large—individual choices.

Therefore, individual members are very much more on their own in the choosing of their diet than they were a generation or two ago. Not only that, but inasmuch as we continue to have an enormous differential in life expectancy between men and women, many of our men die prematurely of diseases which are related to nutrition. It becomes as important to educate the men as it once was thought to educate the women in terms of nutrition education.

The third factor which ought to be looked at very carefully is the enormous development of food advertising. It is difficult to get precise figures on the amount of money that goes into advertising, but I think probably a minimum figure at this point is of the order of $3 billion. This is a form of education which has to be looked at very carefully, because by and large it does not at all follow what nutritionists would like to see in terms of education of the public.

The bulk of the advertising money goes to very highly processed foods which have national markets, which have brand names, and which tend to be in that area of the spectrum that nutritionists consider to be undesirable foods. Indeed, if one were to attempt to draw a rough diagram putting the foods in decreasing order of usefulness, one would have something of the order of: Fruits and vegetables; whole grain cereals; animal products, such as fish, meat, milk, eggs, and the like; and going on to white bread and highly processed breakfast cereals; and all the way down to soft drinks.

If one then were to put in the ordinances of such a diagram the amount of money spent on advertising, one would find that there as almost a reverse relationship between the nutritional value of foods and the amount of money that goes into food advertising.

Therefore, without adding to the conspiratorial attitude that too many of our people at this time have about everything that is going on, and without threatening the good will of the food industry or the advertising industry, one has to look at advertising as an enormous machine which is drawing people away from the traditional foods to new and less desirable foods. Certainly if one compares the amount of advertising which goes, on the one hand, into fruits and vegetables, and, on the other, into soft drinks there is no doubt as to where the money is spent.

Indeed, even within a category—and I don't want to, again, put enormous emphasis on the breakfast cereals, because their importance ends up being really exaggerated when you look at the food supply of the United States as a whole—there is very little doubt that much more advertising at this point goes into those very highly sugared cereals, some of which have more sugar than they have cereals. Advertising has moved away from the excellent traditional cereals like Cream of Wheat, Cheerios, or oatmeal which used to be the most common cereals.

In addition to all this, more bad news is the character of a great deal of the information that people get in terms of books and articles.

It is very much easier to have large sales if you are going to be dramatic and if you are not going to go into the details of reality.

As a result, most of the books on diet tend to emphasize quick dieting results with some miraculous method which tends, by and large, to be based on unbalanced diets. Teaching nutrition is far less spectacular than announcing that a mixture of one vitamin, kelp, and some other ingredients is going to make you thin or announcing that vinegar and honey will cure practically every nutritional disease in the book.

There is, however, an aspect of the success of many of these promoters which really ought to give us pause. That is that they do not particularly try to oversimplify nutrition. Nutritionists, by and large, were very unhappy with the books of the late Adele Davis, which indeed contained a great many inaccuracies. In some cases there were very important dangerous fallacies.

At the same time, we must recognize that her success came from the fact that, in part, she took her audience seriously and did not hesitate to talk about each trace mineral and vitamin and amino acid. Too much of our nutrition education, as perpetrated by professional health educators, tends to be so oversimplified as to be extremely boring. To babble indefinitely about the four food groups, particularly when so many of the foods that one sees in the supermarkets do not fall into such easy categories, is to be very boring to the reader.

The net effect is that people pay less and less attention to that type of education.

I think there is a misjudging, or perhaps a lack of perception, of what the average American is like. In the State in which Congresswoman Heckler and I are citizens, a majority of our young people by now go beyond high school in their education.

Therefore, to gear the nutrition education level as though no one went beyond the eighth grade is automatically to make people turn off to nutrition education. I believe, unlike a great many people who may have testified here, that we must have a more sophisticated rather than a more simple type of nutrition education. Sophisticated does not mean that we are going to use big words for the sake of big words, but that we are going to assume that the people can understand all of the various components of the engine of an automobile. If they can understand that, they ought to be able to also understand what goes into a complete diet.

The net effect of all this, I think, is that we need, first of all, to pay more attention to nutrition education in our schools, including our colleges and professional schools. I personally believe that it is very difficult to do nutrition education well with an intelligent and increasingly educated electorate unless they have some clear understanding of how the body works. This would make health education, sex education, and nutrition education very much more understandable and more interesting.

Practically every State in the Union has now a requirement in American history in order to graduate from high school—on the general basis of the fact that people are going to vote, that we are a democracy, and that most people know something about the institutions of the country and how they were developed and what they do. If they do not know this, they cannot vote intelligently.

All of our citizens are going to feed themselves. At some point they are going to use the health system. In order to do it well they have to understand what the body does. In terms of health education they have to understand where diseases come from so that they can intelligently protect themselves.

They are going to read labels, hopefully, both on foods and on drugs, and I am absolutely convinced that we will not be able to do nutrition education intelligently until we have in practice a requirement in biology for anybody who graduates from high school. I think there should be a course in biology which then contains enough about nutrition. That is probably a better method in the classroom than to have a nutrition course given to people who have never had any biology.

At this point, it is possible to go to the best high schools and prep schools in the country, to the best colleges, and go on to law school without having had any exposure to biology at any one time.

I think that in terms of formal education it is, of course, particularly essential that physicians, dentists, and other health professionals be exposed to enough nutrition. I still hope that at some point the Schweiker bill, which would create a chair of nutrition in every medical and dental school in the country, will be passed. It is not an expensive measure, and it is one which woud have immeasurable effect in terms of the general tone.

Finally, I would like to say that I firmly believe that the theoretical classroom work in nutrition education must be supplemented by nutrition education as close to the point of decision in the choice of food as possible. For example, I think we could make a much better use of a school lunch program if we coupled nutrition education in the classroom with clear labeling and description of the foods at the school lunch point of decision, starting out with taking the small children to visit the kitchen which is preparing their food, to talks about what sort of choices they are going to have and why they should choose certain combinations of foods. We could also have a situation where for older children we would have the same type of labeling of the foods served as they will see on the cans and packages of foods in the supermarket.

I also believe that at the other points of decision we need to make this same type of education possible, in restaurants for example. Some restaurants are beginning to do it. There should be more indications as to what the menus correspond to in terms of calories, saturated fats, sugar, and the like.

Certainly in the supermarkets I think there is a need for a great deal more nutrition education to be made available, particularly to those people—and those represent tens of millions of Americans—who do have problems related to nutrition, such as obesity, hypertension, high blood cholesterol, and the like.

I would hope, therefore, that it would be possible to apply the law as regards the school program, which mandates a fairly considerable sum of money for nutrition education. I would also hope that it would be possible to mandate some of that money into research into better methods of nutrition education.

I would like to see some legislation developed which gives a small advantage to those supermarkets and supermarket chains which devote money to nutrition education as a way of encouraging them to do it.

I would certainly like to emphasize that we have a requirement in the FCC regulations for public service broadcasting which, by and large, is really not applied. A lot of the radio and television having to do with food is discharged by reading prices of foods, usually at 5 o'clock in the morning or 6 o'clock in the morning. There is very little really serious nutrition education shown on television. I think greater pressure could be put on the stations to have better nutrition education material with perhaps the Government encouraging the production of such somewhat more sophisticated types of television presentation than is available at present.

Mr. RICHMOND. Thank you, Dr. Mayer.

Let me ask you a few brief questions, because we are running out of time.

Are you familiar with the Dutch system of labeling? Mr. Heijn, who owns a chain of supermarkets in Holland told us about it. We met with him last weekend and he brought some of his labels in. They are those round type of labels that tell at a glance exactly what is in that can of food or what is in that package of processed food as far as protein, carbohydrates, minerals, and vitamins.

Have you looked at his work?

Dr. MAYER. Yes; I would like to make two remarks on this. The first one is that whenever any one of us writes a book he has to deposit two copies of that book at the National Library of Congress. I do not think anybody has ever complained of this as being an unreasonable requirement.

It seems to me that whenever anybody introduces a new food the composition of that food ought to be on file with the appropriate agency—either the Food and Drug Administration or the Department of Agriculture—depending on the type of food.

As regards labeling, I think that there are a number of ways in which the present system of labeling has been derided as being too complicated. People believe, quite wrongly, that it is essential for people to be able to, at a glance in the supermarket, see all that can be seen about the food.

I do not think that that is the way the food buyer really acquires his or her information. Food, after all, is a repeat business. When people buy a food to try it, then the experience we have is that most of the reading of labels actually takes place in the kitchen. People actually read them and they absorb that information. Depending on a combination of what they have found the taste of the food to be and the nutritional value they then set a nutrition pattern.

I think that one should not be obsessed by the necessity of finding at a glance everything one needs to know about the food.

There is a second fallacy which is peculiarly a male fallacy. Men are absolutely convinced that it is a very useless thing to give figures to women. The general idea is that the poor dears would not be able to figure out what 20 percent of something means.

There is not a male child in the United States over the age of 10 who does not understand and who is not expected to understand what the batting average, with three decimal points, represents. He would be considered un-American if he did not know.

However, the women are not supposed to understand what 10 percent, 15 or 20 percent is, and so on. The fact of the matter is that women have the same education as men and understand these precentages as well. Indeed, most of the problems I have heard are complaints about the fact that certain characteristics of the food supply—particularly the sodium content, and more on the cholesterol and fat content for those foods which are not shortenings and fats—are not included in the foods

Therefore, if a man or a woman is told that he or she or their spouse ought to be on a low fat, low cholesterol, or a low sodium diet, they really do not know how to apply it at the supermarket.

My feeling is that we should not so much try to make the labeling simpler as to make it better understood. I think that is important. I see nothing wrong with the pie system that is used in certain countries as a supplement to the labeling or as a summary to the labeling, but I would not like to see a disappearance of the labeling of specific nutrients on the packages.

Mr. RICHMOND. Thank you, Dr. Mayer.

Mrs. Heckler?

Mrs. HECKLER. Thank you, Dr. Mayer. You have answered so many questions in advance that I am left with only one, which bothers me a great deal.

The more that I read about nutrition and study the issue, the more I see the disparity between what the U.S. Department of Agriculture considers as nutritious in a traditional sense and what FDA considers as nutritious.

We on our subcommittee, under Chairman Richmond, had extensive hearings on the question of the components of ice cream—whether or not they could be substituted for the dairy content.

The Director of FDA, Dr. Kennedy, testified at great length. He is almost the autocrat. He has published regulations which could be commented upon, but he will ultimately make a decision on the components and the nutritional value of this new product.

I have no objection to this, because we are a technological Nation. We are an innovative Nation. This is what has built America, I applaud this. However, at the same time I think the American consumer has a right to know what is going into the food supply.

There has to be a correlation between Government agencies and an agreement among Government agencies and among the experts on what is nutritious.

It seems to me that we have one standard by the USDA and one standard by FDA. You have peanut butter and peanut spread. Peanut butter is made with 85 percent peaunts. Peanut spread, I am told, is going to be on the market. Many consumers will buy that thinking it is peanut butter. I understand that it is going to be made with 30 percent crushed peanuts.

Well, you know, how can we change the system? How can we provide the consumer with a really accurate understanding of what the products are and what the exact values are in terms of nutrition?

I must say that I am left with a feeling that FDA has exceeded its authority. I question whether or not it has the authority to go as far as it does in allowing certain components to be substituted without the force of law. I question whether or not the laws should have been changed any number of years ago and whether this subcommittee should look at the laws today.

What do we do now? It is not that I oppose possibly innovative breakthroughs, but I do not think we know where we are going. We are totally at the mercy of the food laboratories in the large companies that do not have to respond, really, to any of us.

Dr. Mayer, what is your feeling about the legality of the FDA's position and its standards? Do you feel that legislation would be in order? How can these different positions be synchronized to protect the public as well as to give the food industry the opportunity to make its own changes and provide the products?

Dr. MAYER. Well, I think this is—as you well recognize Congresswoman Heckler—a very complex situation.

Historically, when the FDA was first created, the protection of the public was expressed by the development of standards of identity. The standards of identity guaranteed that ice cream had so much cream, that macaroni was made of germ wheat, and was based on the general idea that what one had to guard against were cheaper adulterations which, by and large, were seen as decreasing the economic value and perhaps the nutritional value of the foods.

The standards of identity have proved to be oppressive, I think, in two ways. The first one, which is really a silly thing, is that if a food is covered by a standard of identity then it does not get properly labeled—on the grounds that the standard of identity is available and people should know what it is that they are buying.

This is absurd, because the standards of identity are available to the Food and Drug Administration, but they are not available to the general public.

The second problem has been fixing the composition of certain foods. This has meant that one could not innovate even if the foods produced were superior nutritionally to existing foods. That has proven to be very regressive.

For instance, attempts to make macaroni more nutritious—and they are an important food because they are the backbone of the diets of many Americans—were, in effect, blocked by the fact that the composition of macaroni was fixed and one could not, for instance, add soybean flour or whatever would have increased their protein content.

A third problem, which seems to me a very serious one, is that there is no such thing as "the ideal diet" for all Americans. For example, I will give you a very emotional case—the case of eggs. Eggs are a cheap source of protein. They are a very good food for children and for young women, or women before the age of the menopause.

On the other hand, they are extremely high in cholesterol and not a food to be recommended to be consumed in large amounts by adolescent boys and by men. Indeed, Dr. Stamler has shown that other things being equal—including the amount of fat in the diet—people who consumed a great many eggs had more of a chance of having a coronary than people who did not.

I looked at, for instance, the latest edicts of the Department of Agriculture regarding school lunch. They have, for the first time, taken into cognizance the fact that there is a problem with eggs. However, their method consists of limiting the number of eggs for all children and adolescents, even though the people who most need the limitation are the adolescent boys.

I think we have the same sort of problem as regards the actions of the FDA. I think that a great deal more latitude could be encouraged if the labeling and the education that goes with it was made clear so that instead of mandating a certain type of ice cream for all Americans, one could be authorized to produce a number of different products, all of which can be called ice cream. An imitation name would not have to be forced on it. They would, however, make it clear that there are certain forms of ice cream which men and older women should avoid consuming in large amounts without penalizing a very active 7-year-old boy who can consume traditional ice cream without any particular problem.

My point is that there is really no substitute for both better labeling and better education. That should be taken into consideration when writing standards of identity or mandating certain compositions. We have a very sophisticated food supply. We have an increasingly sophisticated public. I think we should take this into account.

I may add that in 1969, when I was organizing the White House Conference on Food, Nutrition and Health, I coined an expression which has come back to haunt me. I said that our people, by and large, were nutritional illiterates. I think there have been enormous changes since then. I see that because, as you may know, I have a column in about 100-plus papers. A great deal of correspondence is generated by this column.

There is absolutely no doubt that the caliber of letters we are getting now, on the average, is much, much more sophisticated than it was in 1969. I think that this increased sophistication ought to be taken into account when we look at both labeling and standards of identity as well as nutrition education.

Mr. RICHMOND. Thank you, Dr. Mayer.

I would really like to discuss additives with you, but I think we will have to wait for another time.

It has been a pleasure having you here. I am looking forward to seeing you on Thursday in New York City.

Dr. MAYER. Thank you very much.

Mr. RICHMOND. Dr. Johanna Dwyer, of the Frances Stern Nutrition Center, New England Medical Center Hospital is our next witness.

Dr. Dwyer, we would be most grateful for your observations. You have been helpful on all of our nutrition hearings and I really want to thank you publicly for everything you have done for us.

STATEMENT OF DR. JOHANNA DWYER, DIRECTOR, FRANCES STERN NUTRITION CENTER, NEW ENGLAND MEDICAL CENTER HOSPITAL, BOSTON, MASS.

Dr. DWYER. Thank you, Chairman Richmond. It has been a pleasure to work with you and Mrs. Heckler and the other members of your subcommittee who are doing so very much to help us get across our concerns to the Congress and to the American public. I am grateful to you.

Mr. RICHMOND. Thank you, Dr. Dwyer.

Dr. DWYER. I am delighted to be here and to congratulate you on your survey, which I think will help all of us in Massachusetts as well as elsewhere in the country to confront the reality of some of our failures in the delivery of nutrition services to consumers.

I would just like to talk about two specific problems that we have seen, very briefly, and then perhaps have some dialog.

The first problem I would like to talk about is something which you wrote a very good report on a couple of weeks ago. That is the problem of nutrition education materials put out by the Federal Government. I would just like to confirm your findings here in Boston and say that in our clinic, the Frances Stern Nutrition Clinic, we receive patients who are largely referred from various physicians, both in the hospitals and in the community.

We have found that we just cannot use these Government published nutrition education materials. There are a number of reasons for this. First of all, the Government material misses the point, at least in a health setting. They do not stress the relationship between nutrition, health, and disease.

Second, they are not geared to the population that we serve. In many cases there is an upper class bias and a high reading level. I could not agree more with what Dr. Mayer said. We need more sophisticated nutrition education that deals with the very points which are difficult to grasp. That does not mean that it has to be written in 75-syllable words. It is possible to put very difficult ideas into simple, ordinary language.

That is one problem that we face. We do not have the relevant materials we need. Speaking this morning with Ms. Collins, who is the director of the department of dietetics at the Peter Bent Brigham Hospital here in Boston, she informs me that the people at that hospital here in Boston are also not distributing Government materials because they are just simply not appropriate. So our clinic is not alone.

Therefore, our clinic's experience confirms your study down the line. What can we do about this? It seems to me that what we are going to need to get nutrition education materials which we can use in clinics and in other settings is perhaps a better cooperation between various agencies of the Federal Government so that we can develop materials which stress the relationship between good nutrition and health and disease in a bias-free manner.

It seems to me that it would be sensible to include other preventively oriented health measures as well, such as smoking, exercise, oral hygiene, moderation of alcohol consumption, and so forth, since after all these are also things that we need to consider every day. Diet is only one risk factor for some of these health problems.

It seems to me that we have to look at ways to improve these things in Government programs as well. In all of the materials that we develop we need to think of the various ethnic and income and educational minorities and give more attention to them.

Thank you.

[The prepared statement of Dr. Dwyer follows:]

Something for Everyone Except Patients and Children:

Nutrition and Food Related Information Needs As Seen from a Nutrition Clinic.

Johanna Dwyer, D. Sc.
Director, Frances Stern Nutrition Center
New England Medical Center Hospital

Presented as Testimony to the
Subcommittee on Domestic Marketing,
Consumer Relations, and Nutrition
Committee on Agriculture
U. S. House of Representatives
November 7, 1977
Boston, Massachusetts

Executive Summary

Our Problems

The kinds of patients, both child and adult, seen at the Frances Stern Nutrition Center who are referred by their physicians with nutrition-related health problems cannot understand and therefore do not benefit from the types of information currently produced by government agencies. Therefore, our Center has produced more relevant materials itself, but only at great cost, and fails to use government materials.

Other populations served by the Center include the elderly in meals programs, WIC program recipients, Chinese, Spanish and English speaking school children. Very few government-produced educational materials cater to their needs either. Again we have had to produce our own to get the job done.

Our clinic's experience therefore confirms the committee's studies which suggest that the government is not effectively relaying nutrition information to consumers. Nutrition-disease relationships are particularly neglected.

General Problems

Present efforts in nutrition education:

1. underemphasize nutrition, health and disease relationships,
2. almost never deal with preventively-oriented advice on nutrition-related health problems, such as special dietary advice, how to obtain food assistance, information on home and money management, and general preventive health education simultaneously.

3. stress easy to communicate rather than important concepts.
4. are faced with a formidable array of competing messages.
5. are underfunded.
6. are not based on a careful analysis of the population served.
7. assume only one "right" way to eat exists and fail to recognize diversity due to income, education, or ethnicity.
8. do not stress alternatives available to consumers or patients.

Actionable Measures

1. Develop materials cojointly between USDA and HEW which are bias free and stress the relationships between food, nutrition, health, and disease in a bias-free manner. Other preventively oriented health measures to place persons in lower risk categories should also be stressed, such as smoking, exercise, oral hygiene, moderation in alcohol consumption, etc.
2. Develop photo ready copy which can easily be xeroxed and individualized to patients' needs suitable for adaptation in health care settings on such topics as food and money management, obtaining food assistance, etc. Most health care facilities do not have the money to buy expensive government publications which in any event are inappropriate.
3. Develop ethnically oriented materials on the above.
4. Explore the feasibility of training persons in cooperative extension to better cope with common nutrition related questions dealing with health promotion, and provide links to other government agencies to obtain up to date back-up information and consultation on these topics. This is particularly important for rural areas which are underserved by health professionals. For example, WIC personnel need back up materials for nutrition and preventive health care advice in pregnancy and early infancy. The elderly meals programs need more and better materials on nutrition and use of health care services. School nutrition education program personnel need conjoint training with school health and food service personnel in order to do this.

Congressman Richmond, Mrs. Heckler, and members of the Subcommittee, thank you for asking me to testify. I am Johanna Dwyer, Director of the Frances Stern Nutrition Center, New England Medical Center Hospital, Boston, Massachusetts. Our unit deals with the nutrition problems of persons who see our hospital physicians or physicians in the community who wish nutritional care for our patients. We have also been engaged in a number of patient education efforts involving federal programs, working together with health centers and other groups in the Boston area on WIC, Elderly Meals Programs, Food Stamps and so forth. The Center is the clinical and didactic education site for a joint internship masters' degree in clinical nutrition education which is granted through the Tufts Nutrition Institute, a part of Tufts University, Medford, Massachusetts. I am an associate professor in the Departments of Medicine and Community Health, Tufts Medical School, a lecturer at the Harvard School of Public Health and the Massachusetts Institute of Technology. My major contacts with consumers come through the clinic, teaching, and the syndicated newspaper column I write with Dr. Jean Mayer, on topics in nutrition. I also function as a non-paid consultant to the Giant Foods Labeling Committee; a supermarket chain which has progressive, consumer oriented policies, and to the Medical Foundation, Boston, which is involved with trying to foster healthful food consumption practices and other preventively oriented health practices. I am a member of the Board of Directors and Immediate Past President of the Society for Nutrition Education. I am thus privileged to have some exposure to the broad range of problems people both well and sick have in understanding nutrition and applying it in their daily lives. I am a public trustee with Representative Heckler on the Food Safety Council, a group attempting to improve food safety testing. Also, I am Vice-Chairman of the Food Program, Office of Technology Assessment, U. S. Congress. I consider it a great honor to testify in front of your committee, which has done so much for nutrition and consumers.

Background

I work about a mile from here at the New England Medical Center's out-patient clinic for nutrition which is entitled, The Frances Stern Nutrition Center. It is located right in the heart of Boston's Chinese community but serves not only Chinese patients but also a wide variety of other minority ethnic groups (especially the Spanish Speaking) and the general Boston population.

Nutrition Information Given Out

My job is to furnish nutrition counseling, nutrition education information, help with home and money management, and help in liason with food assistance to our patients. We do not ever turn down giving services to patients on the basis of inability to pay, and while we see many wealthy people, we must write off 20-30% of our billings each year because people fail to or are unable to pay. The fact that many of our patients are poor as well as sick or non-Englaish speaking makes the educational task an extremely challenging one.

In preparation for your visit, our staff reviewed the kinds of materials we give out to patients. Most of it we produce ourselves. My staff and I feel this extra effort is necessary because of four major reasons: the government materials are not to the point, they are not geared to the populations we serve, they have in many cases an upper class bias and high reading level, and they are not flashy or attractive. Some of the materials our students and staff have developed are shown on display. Believe me, we are not education experts, but our patients get more out of these materials than they do out of the ones we could buy from the government at present. I hope that soon things will change on this score.

A second problem with government materials is that they often omit many measures in the health prevention area other than nutrition which we wish to stress. The materials from USDA cover help with home and money management, help with food assistance, and some general things in nutrition education quite well, although at a rather sophisticated level which we have to simplify for our patients. The materials from HEW are simply not designed for patients although some very good publications for professionals have been put out. Thus, the USDA material is at a more appropriate level and does not include health topics, but the HEW material isn't even designed for patients or consumers. Thus neither type suits the task. We are not willing to distribute materials which have drug company names on them in our nutrition clinic because first, most of them are not very good, and second, many of them reflect the bias of the producers. So we are stuck with producing our own materials.

The types of materials we use include print information which patients can take home with them to reinforce messages and points made in counseling, and audiovisual materials such as videotapes we use in patient teaching.

A third problem related to our patients and the government involves nutrition programs. We continue to have difficulties in getting patients in our obstetrics clinics registered in the WIC programs, since our hospital does not have one and they must be registered through health clinics in the areas in which they live. Registration for food stamps also poses problems since we must send patients to somewhere else to have this done. Our Chinese children are unable to eat Chinese food in the school lunch program in spite of the fact that/the school most of the elementary students go to has a complete Chinese Kitchen and the parents' group (composed of both Chinese and other groups) in the school has been pushing for the children to have Chinese food at least a few times a week to broaden these childrens' awareness of eating styles.

Segments of the Population We Address

Our Clinic's direct patient care responsibility is for patients who are referred by doctors in our hospital or elsewhere in the community with nutrition problems. Most of these patient problems are of a chronic nature, such as obesity, diabetes mellitus, atherosclerosis, cancer, or gastrointestinal disease, or various problems arising due to congenital or acquired pediatric problems.

But our Center has never regarded our responsibility as being limited to people who come to our hospital's clinic. We also attempt to do all we can to deal with nutrition-related problems in the community. Our clinic has worked over the past 2 years with the excellent Meals on Wheels and Elderly Meals program of the Federated Dorchester Neighborhood Houses to supply nutrition education to the elderly. We worked last year with the WIC program in the South End of Boston to help set up a program in a health clinic with a largely Spanish speaking population. Other examples could be given such as collaboration with a community group in Somerville which is producing nutrition materials.

Then, there is the wider community of Boston. My wonderfully dedicated staff worked on their own time to help produce and star in a series of public service broadcasts entitled, Body Politics on various nutrition related topics, in conjunction with a local TV station. Realizing that most medical students in our medical school lived on very low incomes, we produced a special booklet for them -- other students in town have also found this useful. And we give about 50-60 speeches per year to various civic groups.

I should add that the hospital does not pay us for these functions-- they are done on a voluntary basis by the very dedicated people we are fortunate enough to have as nutritionists and students here. I do not know how long this can continue since there is only so much these people can do in even a 60 hour week, with 20 hours of free service which is what most of our staff devotes to these efforts. We simply must have more help and backup in fostering healthful food consumption practices and integrating nutritional concerns into the health care system from government, private and voluntary efforts.

Strategies to Reach and Assist Target Groups

The biggest problems I see in doing better by our patients involve first, mounting long term efforts toward prevention of many of the chronic disease health problems we see which have nutritional components. Preventively-oriented education must include more emphasis on nutrition and other risk factors associated with these diseases. Present elementary and secondary education efforts do not stress these factors nor are the teachers equipped to do so. And yet many risk factors are already present by the end of elementary school.

Second, we must better integrate all the elements of nutrition intervention (counseling, education, help with home and money management and food assistance when needed) in the preparation of educational materials suited to patients' problems.

Third, we aim to target our assistance to be culturally sepcific and to fit in with the patient's life style. It does little good to give general vague advice on something as important as eating. It has to be very specific and tailored exactly to the patient's everyday life.

Fourth, we try to help the patient maintain the most appropriate eating styles for his health for as long as possible, changing advice as necessary. Again, we have a desparate need of materials to do this.

Efficiency and Effectiveness of Current Efforts in Nutrition Education

In my opinion, current efforts in nutrition education are in large part ineffective, particularly in areas of the subject which touch on the relationships between nutrition and health. There are several problems here.

1. Underemphasis of Health Relationships -- Nutrition educators have not often been trained in epidemiology, biostatistics, clinical nutrition or the non-medical determinants of health. They are distinctly uncomfortable in dealing with it and fall back to exhortations aimed at preventing nutritional deficiency diseases and obesity, and avoid other nutrition-related problems such as atherosclerosis, periodontal disease, diabetes mellitus, etc. Certainly the place for nutrition education is within health care settings for those

who are already afflicted with health problems. But there is a body of knowledge and a good deal of information which can be communicated in simple, ordinary language on prudent dietary habits. These behaviors in conjunction with other preventive measures can place those who practice them in lower risk categories for certain nutrition-related health problems. For example, dietary measures, fluoridation and good oral hygiene can together place one in a lower risk category for dental disease. Interactive interventions do more good than simple nutrition intervention alone.

2. The Easy Rather Than the Important

Nutrition educators have all too often turned to matters which were easy to talk about or easy to measure. Yet people are more interested, and with good reason, in other topics, such as the relationships between nutrition and health. For example, most people over 65 have some chronic disease they are concerned about. It does little good to use nutrition information which does not speak to these concerns. Among other things, it is boring.

3. Competing messages -- Flashier and somewhat easier to understand advice in simple, ordinary language is given on the mass media relating to nutrition than that given by nutrition educators. 2) Unfortunately, most of it is not correct. More authoritative advice may be given by physicians, but often it is not given at all even if it is warranted. Some of the more recent efforts of USDA appear to be more effective than those in the past, but there is still a long way to go. 3) 4) 5)

4. Lack of MOney For the Right Things -- The subcommittee's own research has revealed that a great deal of money seems to be spent on nutrition education. I am not totally convinced that the figure is as high as the C.R.S. report suggests, but in any event a good deal is being spent. Unfortunately, it is a drop in the bucket compared to the amount spent in food advertising. Moreover, some topics are stressed unduly while others are given little or no attention. While money may have been thrown at some problems, in my opinion, it hasn't been thrown at the right problems. Other problems with nutrition education have been summarized in an excellent review paper entitled, "Nutrition Education Curricula", which one of the subcommittee's staff co-authored. 1)

How We See our Role in Conveying Nutrition Information

Our clinic's first and foremost responsibility is to our patients. These patients have nutrition-related health problems and are under a doctor's care.

Our second responsibility is for the public's health since we are a health care institution. This is largely an extramural responsibility. It can be achieved in part by using our patients as messengers to their families and friends soas to foster healthful food consumption practices. We ourselves can do our best to work with other community institutions such as schools and work sites to educate people in nutrition. At present, we do this but on a non-paid basis. We need more help from public, private and voluntary sectors in doing this.

School Aged Children and The Task at Hand

Thanks to the work of this subcommittee and the entire Agriculture Committee, as well as other concerned bodies both within and outside of Congress, we are fortunate that the possibility of better nutrition education funding for children of preschool-school age will soon be a reality. Also, the new Assistant Secretary of Agriculture, Carol Tucker Foreman and her counterpart, Dr. Julius Richmond, The Assistant Secretary for Health, have both spoken out recently on the needs for nutrition education within this age group.

The question then becomes the framework and objectives which one should take in doing this. We need to think of specific objectives both for these children and their parents. We need to think of nutrition education through a wide variety of settings: home, community schools and work sites for example; Media, government, the private sector and the health care system's efforts all need to be utilized.

To illustrate this point, consider 6-12 year old youngsters and their parents. A very interesting draft of a matrix prepared by the interim director of the Office of Health Information and Promotion, Ms. Jane Fullarton and her staff came for comment to the Society for Nutrition Education and it offers several worthy and simply stated objectives. For youngsters, we certainly could all agree that one of these objectives is learning about good nutrition, its relationship to one's body, and health status. A second would be to participate with parents and peers in making food choices contributing to good nutrition. As for the parents, one objective is to assist their children in adopting healthy nutrition habits. A second is to practice healthy nutrition habits themselves soas to serve as role models.

Now how to help accomplish these objectives through the schools, and in an integrated manner with related health information is the problem. Here there is a golden opportunity for both USDA and HEW to attack the problem. For example, USDA might encourage schools to develop nutrition learning experiences for children that involve the parent as well. These experiences would be directed toward healthier dietary habits in the real world where children are exposed to conflicting nutrition messages, poor school lunch programs at times, and little voice in the decisions their parents make with regard to food selection, preparation, and allocation. Moreover, the USDA might encourage PTA's to continue to work closely with those who plan and implement school lunch programs to assure their acceptability as well as nutritional soundness. PTA's or parent groups (as well as older high school students) might be helpful in planning the nutrition component of the school curriculum. But just because USDA might be doing this, it does not mean the HEW should not be acting to enlist the help of schools and their health related staffs (school nurses, health educators) in recognizing the special needs of children with metabolic disorders and other health problems affecting nutrition and providing information and assistance for referrals to appropriate health care personnel. HEW should also be encouraging the staff of adult education programs, primary and secondary schools, community colleges, and universities to offer evening as well as day nutrition education courses with take home material focused on parent and child needs and nutrition information specifically geared toward the child for his/her learning. One could go on and on about the enormous tasks which face all the agencies if nutrition education for fostering healthful food consumption practices and related health care behaviors is to really become a reality.

But these efforts simply cannot stop with the school. Parents need to be approached in work sites with nutrition education materials useful to their families. Parents as well as child consumers need to be offered more alternatives in fast food and other eating places. Parents need to be helped through self-instructional materials to recognize the importance of normal weight maintenance in children, to include them in cooking and marketing decisions, and to question their children on what has been taught in schools. Within the larger community, supermarkets might distribute self and child asssessment tools they could complete to determine their own nutritional health and that of their children as well as distributing nutrition education materials for selecting foods on the basis of nutrition labeling. The media must include nutrition concepts in programming. Government needs to support a large variety of projects to develop these and other ideas. The private sector needs to include education opportunities with their food products, as one company did a few years ago by offering a free comic (not pushing any product except food nutrition). The health care system needs to be more alert to signs of malnutrition in children, and voluntary associations also need to join in helping activities.

The task is quite enormous as you can see. There is no time for bickering between various government agencies or between public, private and voluntary groups. We are all stakeholders in this important endeavor. We need more publications like the recent publication of Goodwin 6) which bring nutrition alive to our children.

Hopeful Signs

One of the most hopeful recent developments has been the Sections of the Food and Agriculture Act of 1977. In leafing through the law, Congress has indicated that it favors the following:

1. Coordination with other government departments with respect to nutrition research in areas of mutual interest (Section 1405) and the need for extension, teaching and manpower developing in food and agricultural sciences, as well as coordination within the agencies and between the states and land grant institutions.

   There is no sense in having one part of the federal government duplicate work carried out by another. Maybe we will see more effective cooperation and sharing particularly between the various cabinet level departments as a result of this. At present, they seem to be sharing less information for consumers than they might, particularly with respect to preventively oriented nutrition measures.

2. Formulation of national policy in the food and agricultural sciences (Section 1407).

   One of the tasks of this group will involve trying to assess the effects of changes in food and agriculture and planning to achieve satisfactory goals. I would hope that such activities would include their effects on human nutrition.

3. A more effective information network (Section 1411). Facts are the engine of effective consumer education, and this will help to integrate the various resources across the nation.

4. A clear spelling out of duties of the Secretary of Agriculture to include, among other things, research on the factors affecting food preference and habits, and development of techniques and equipment to assist consumers in the home or in institutions in selecting food that supplies a nutritionally adequate diet (Section 1422).

This is welcome news indeed to those of us in the nutrition clinics of this city, who must deal with people who have families and need to feed them. At present, we don't use any materials from either USDA or HEW in our clinic for patient education because of lack of money and the lack of suitability of the materials themselves to the very diverse needs of the many different ethnic groups we see every day. I should add however that there are many useful materials our nutritionists themselves use.

The nutrition education program outlined in Section 1425 which provides for people such as aides to help in educating low income groups would surely be helpful, but I do hope some educational materials we can use will also be developed.

5. Another hopeful sign is Section 1427 which suggests that a comprehensive set of educational materials on food and nutrition education will be developed after consultation with people in HEW for elementary and secondary schools. I hope here that preventively-oriented nutrition measures will be included, since this will greatly add to the usefulness of the materials.

Conclusion:

A good deal of research and experiment will be necessary before government-funded nutrition education efforts are sufficiently effective as to change eating habits in a direction which will foster healthful food consumption practices. Especially at the State level, the health demensions of nutrition education need to be stressed to a greater extent than they are at present.

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Mr. **Richmond**. Dr. Dwyer, we think you will be happy to know that in this next Congress we plan to apply for funds for new written material on nutrition. We believe that the currently available material does not serve the purpose. Often it is scientifically invalid and totally lacking in motivational appeal.

We would like to change the entire method of distribution of diet and nutrition literature. We would like to see the supermarket distribute nutrition information. We would like to see the schools provide more information. A complete change in USDA's nutrition education policy is needed and it is our intent to foster such a change within the coming months.

Dr. **Dwyer**. Chairman Richmond, I cannot tell you how valuable I think that will be. I just hope you do not forget the outpatient clinics of the country where we have people who are already at risk of disease. Usually they come in with one or more risk factors. We are really hard-put today to give them anything which has the Government's stamp on it and is fairly bias free, which deals with these prolems of nutrition and health.

Therefore, I will say more power to you. Just don't forget us in the clinics.

Mr. **Richmond**. Do you have in mind one publication for everyone?

Dr. **Dwyer**. No, I think in my longer testimony attached I suggested that probably the most useful thing, Chairman Richmond, would be the preparation of copy-ready material in such a way that we could put together things that were specific for the individual patient and his problems. That is, various free-standing units can be mixed to hit the particular problem. Ms. Dorothea Sims has done such a booklet on diabetes for the Vermont Diabetes Association, for example.

For instance, take a person who has got diabetes and also atherosclerosis. We need some general background on that and the nutritional implications, as well as the very specific guidance that the nutritionists and their own physicians have to give them, and reinforcements of the general principles in writing.

I think what we need to think of is more sort of looseleaf things where people can sort or mix and match and put something together that is specific for the individual patient.

I am sure that you and your staff have looked at many more materials than the rest of us lately. You have probably seen the little booklet that came out of the National Institutes of Health on arthritis. It is a very good booklet. It is very well put together. It has excellent information.

The only problem is that for someone who has a little bit of difficulty in reading and so forth, it just does not cut the mustard. It was far too complex in reading level and everything else to be able to get through to at least the patients we see who have arthritis.

Mr. **Richmond**. Thank you very much, Dr. Dwyer.

Mrs. Heckler?

Mrs. **Heckler**. I want to congratulate you, Dr. Dwyer, and thank you as well for your continuing support services. It is really terribly important for Members of Congress to have the advantage of knowledgable tutors and that is exactly what you have been to us.

I am very impressed with your column. I read it daily and enjoy it very much.

I wonder, really, how much of an increase in interest in nutrition that you find across the country. You must get enormous response to that column. Has it changed? What is happening across the country or in Massachusetts in terms of the average citizen's feeling about nutrition?

Dr. **Dwyer**. The increase in the number of very profound questions that people are asking us is amazing. I would certainly agree with you. It really is amazing. We did a little survey on the kinds of questions we get. I think it was in response to one of the requests from your committee a couple of months ago.

We found that the questions varied from people who have got a disease and want to know what to do about it from the diet standpoint to those more general questions on food composition and health, there is nothing we can do on those disease therapy questions. These are questions that have to be answered only after looking at a medical record. Therefore, all we can say to these people is "Go back and see your physician and get a nutritionist who is a dietitian involved to help you if the doctor cannot."

This gets back to your first concern, about the teaching in medical schools. Sending people back to a physician who maybe are not interested is certainly not very heartwarming to us. But if the physician cannot take the time he can always refer the patient to a registered dietitian whose special expertise is in working with the doctor on food and nutrition related questions.

Basically, however, those are the first kind of people who write—people who are sick with a disease problem.

Mrs. **Heckler**. Those who have a disease?

Dr. **Dwyer**. Yes. We cannot really do very much in terms of answering their questions. We can help those who have more general questions on food and nutrition.

Mrs. **Heckler**. Do you find that these correspondents of yours span all ages? Are they from every sector of the economic spectrum? Do you find letters from people who obviously are working in a factory somewhere?

Dr. **Dwyer**. Yes indeed we do. Well, I am afraid that those eight points that you brought up earlier this morning in the hearings about the services and some of our problems here at home in Boston—we have received a number of letters, not only from the inner city, but also from suburbs.

I can remember a very sad letter I got from a lady in Milton, which certainly is not a low-income suburb. There are people all over this Commonwealth and the country who are asking questions. Apparently they do not know where else to turn for an answer except to the newspaper. This is unfortunate. There should be other places to turn to.

Mrs. **Heckler**. Well, if our Government programs reach as few people as they do—and this Massachusetts study is absolutely shocking——

Dr. **Dwyer**. I could not agree more.

Mrs. **Heckler**. Even where we have mandated that the funds be used for nutrition education, this purpose has never been achieved. We are doing nothing in terms of reaching out to the average consumer who is not the recipient of a Government program in any way because they do not fall into the various categories.

Therefore, the large, broad public out there can only turn to someone like you and to Dr. Mayer.

Dr. Dwyer. I think that may be one of the problems. I think there is a great need for coordination of these programs. I believe that we can coordinate better than we are doing right now in this State and this city and in this country, too.

In terms of the other kinds of people who write to us, let me just mention two other categories. Many people with just this sort of general concerns about the relationships between nutrition and health and food write to us. In some of the testimony that Mrs. Charren gave and other questions which your committee has brought up, people want to know why it is that the cans are labeled, but they are labeled in hieroglyphics so that you cannot tell what the date on the can is. They want to know all of those sorts of questions.

Then we get a few questions, I must say, that are very odd sorts of questions, and filled with vituperation. However, I guess that anybody who is in any public position gets that.

Mrs. Heckler. Yes; we all do. You should read our mail.

Also, I feel, Mr. Chairman, that when the excellent Mayer-Dwyer column on nutrition becomes as frequently read as Ann Landers we will have achieved the consciousness raising on nutrition that we need in America.

Dr. Dwyer. Well, I think people would be better off reading the Bible, Mrs. Heckler.

Mrs. Heckler. We must continue to read your column.

Mr. Richmond. Dr. Dwyer, as I mentioned before we are going to continue our hearings in Washington late in January. We plan to call in agri-business. Those should be very exciting hearings. We want to know why agri-business cannot formulate nutritious, healthful products and sell them at the same marketing profit that they are selling their current products.

Dr. Dwyer. I do not know any reason why they cannot.

Mr. Richmond. We certainly appreciate your attendance and your advice, and we hope that you will be able to attend our hearings next year.

Dr. Dwyer. Thank you, I would love to come.

Mr. Richmond. Thank you, Dr. Dwyer.

Our next witnesses are a panel. We have Ann Sullivan, senior participant in the senior lunch program; Mr. Peter Mackie, high school student adviser to a local school committee; Mrs. Anna Sanchez, who is an EFNEP aide; and Ms. Diana Minahan, a nutrition assistant with the WIC program.

Mr. Mackie, do you play basketball?

Mr. Mackie. Yes; I do.

Mr. Richmond. Ladies and Mr. Mackie, we are particularly anxious to hear from you. In your community you can tell us exactly what we are doing wrong and give some practical advice about how we can improve ourselves.

If you will limit your prepared remarks, Mrs. Heckler and I will have the pleasure of asking you some questions. Would that be all right?

Mrs. Ann Sullivan, will you proceed, please.

STATEMENT OF ANN SULLIVAN, SENIOR PARTICIPANT IN SENIOR LUNCH PROGRAM

Mrs. SULLIVAN. I am from Natick. First, I would like to say good morning.

Mr. RICHMOND. Good morning, Mrs. Sullivan.

Mrs. SULLIVAN. I would like to tell you a little bit about what we are doing out in our Natick Senior Center. If you had been a visitor to our Natick Senior Center last Monday, which was Halloween, you would have met a very happy group. You would have heard the busy buzz of many conversations and the jolly laughs of people having a real fun time.

True, our daily lunches are not such festive occasions, but they also are very enjoyable. I am saying something nice to you people.

Why do we sign up for them? Primarily it is because one meal serves many of our needs. Title VII is so far superior to our previous lunch program that we really appreciate the food. We are able to cut down on food shopping and carrying grocery bundles, cooking, and washing dishes. We all love to be waited on.

If you have had to live alone, you know how dreary and dismal it can be and how it can come to be considered as not worth the effort to fix a good meal.

The atmosphere of the sites plays a vital part in their acceptance. We are convinced that the key person in setting the tone of the lunch hour is the server. We love ours dearly. She gives us the feeling that not only are we individuals, but we are also friends and not just next in line. She takes pride in the effect of her tables, especially the serving table.

When she has flowers in her yard she brings them in to us. She spoils us terribly. We know it and we love it.

Then there is the sociability of eating with friends, catching up with news, having questions answered, making plans to do something together, but best of all is finding someone who is patient enough to listen to us when we need a precious pair of good ears.

These lunch hours have also brought together a chance for suggestions, discussions, and planning of what we believe are supportive programs for title VII. We have been able to develop a personally modified program of exercises from top to toe, which we call "fit and firm." We have added on to this a "weigh-in," which is recorded. This is open to anyone who is here for lunch. Of course, we do them all before lunch.

We have recently been able to start a swim program, not only for swimmers and beginners, but also to provide an opportunity for those who want prescribed exercises to be done in the pool.

We started our site and project council this fall, and now we are realizing that we really can have a say in planning our menus. This has arouse our interest in good nutrition. We realize that we do need help in answering our many questions and clearing up our confusion after reading newspaper and magazine articles. We welcome nutrition education.

Finally, we feel that we will have strengthened the aims and values of title VII.

Thank you.

Mr. RICHMOND. Thank you, Mrs. Sullivan.

Mr. Peter Mackie is a high school student advisor to a school committee. Is that right?

Mr. MACKIE. Yes, sir.

STATEMENT OF PETER MACKIE, HIGH SCHOOL STUDENT ADVISER TO LOCAL SCHOOL COMMITTEE

Mr. MACKIE. I am presently in the 10th grade at Wellesley High School. My remarks on the school lunch program are based on my experience at being a student in the Wellesley school system since the first grade.

My observations of the lunch program pretty well represent my fellow students at the high school. This testimony that I am going to bring about is divided into three categories—foods that we are offered at the high school, the personnel that offers it to us, and our nutrition education at the high school.

First, the kinds of foods that we are offered at the high school are mostly hot meals. Sometimes we are given sandwiches, which are pretty good, but mostly the meat that we are given in the sandwiches is dried out—as, for example, the roast beef.

Some of the hot meals that we are given are pretty good and some of them are not so good. The pretty good meals are the ones with pasta and the casseroles. The ones that we do not like are the hamburgers, for example. I think that the reason we do not like them is because they are made too far in advance and this makes the hamburgers rubbery and tasteless. They feel like they were packaged and sent into the oven and then throw out on the plates.

The vegetables that we are given with our meals are usually tasteless and unattractive. I would say that about 95 percent of the people who take the lunch program and do not bring their lunch to the school, but who buy their lunch, either reject them when they are offered vegetables or they throw them away with their lunch and just eat the main part of the lunch, if they eat it at all.

I think that they should not keep offering the vegetables if they are being wasted so much. It is just terrible to watch them wasting food all the time.

At the junior high school which I was at last year, we almost had french fries every day. They were served to us. I thought that this was kind of repetitious. I do not know if they are really that nutritional, but I think we should have some kind of variation.

Another suggestion that I would have instead of the vegetables and the throwing away and the waste of the vegetables would be to offer maybe fresh fruits instead of the vegetables, which might be more appealing to the students. The fruits that we are offered are offered only at additional cost, and they are pretty expensive.

I think they might be a good substitute for the vegetables if they were part of the lunch. Then we would not be wasting so much money on the hot vegetables.

The beverages that we are offered at the high school are: whole milk, chocolate milk, and sometimes skim milk. Skim milk is not offered in junior high, and is usually offered at the senior high school breakfast program.

I think that we should have it offered to us at our lunch program, because I think—I drink skim milk at home. I think many students probably do drink skim milk at home. I think it is nutritionally better for you.

The breads we are served with certain meals are pretty fresh and they are very good.

Our desserts are reasonably good. They mainly consist of ice cream, brownies, and packaged brownies, and packaged cookies. Many students, I find, buy the desserts for a lunch instead of a real meal for lunch. This is not nutritional at all for them. They do it because the hot meal is not appealing to them. This happens a lot of times.

The second thing I want to talk about is the personnel that we have. I think they do a very good job in serving us the meals and they are very kind to us and courteous. They are clean and very friendly.

The third thing I want to talk about is our education toward nutrition. The first thing is that in the seventh grade the only education I received was about 1 week of a nutrition course. The week consisted of studying for a quiz that we might have on nutrition. We were told that there were a few test questions that might be on a future test.

I think that this is not a good way to teach nutrition. The students learn it for a test and they do not learn it for their own health. I think that in the future there is no way to teach high school kids to change what they are eating now. But I think there is hope for teaching elementary students to eat right.

I hope that in the future the athletic coaches will combine athletics with the nutrition program, because I think that nutrition and athletics are very important for being good athletes.

Another suggestion that I would have is to have a required nutrition course in our high school. Maybe it could be a half-year or semester course. It should be required. Maybe some teaching experts may be able to get the nutrition aspect across better than we have in our science courses.

Mr. RICHMOND. Thank you.

Mrs. HECKLER. Thank you.

Mr. MACKIE. Thank you.

Mr. RICHMOND. Mrs. Anna Sanchez. EFNEP, for the benefit of the audience, is the expanded food and nutrition education program.

STATEMENT OF ANNA SANCHEZ, EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM AIDE

Mrs. SANCHEZ. That is right.

Mr. RICHMOND. This is by the Extension Service.

Mrs. SANCHEZ. Yes; I am. I am also a Spanish-speaking person.

My name is Anna Sanchez, and I live in Everett. I am employed by Cooperative Extension as a nutrition aide in the expanded food and nutrition program, which is the EFNEP program.

I am speaking to you today as both a consumer who has had to live on a very limited income, and as a nutrition aide.

EFNEP is a nutrition education program with a goal of educating homemakers and children from low-income communities about selecting and preparing snacks and meals.

Six years ago, when I became an EFNEP program aide I had a 3-week training course on nutrition. Since then I have attended additional training.

Do you have difficulty in understanding my English?

Mrs. HECKLER. We can understand it.

Mrs. SANCHEZ. I receive support from my supervisor, who is a nutritionist.

I am very happy to speak with you today because I often feel that the distance between those of us delivering nutrition education and those of you writing the laws is too great. While I am not very familiar with the laws and how the laws on nutrition programs are made, I do know what it is like to educate a low-income person on nutrition.

I would like to give you some idea of what happens when I knock on a person's door and begin nutrition education. I must say that I am speaking from my own experiences, which might or might not be different from other EFNEP aides.

I am able to help some of my clients with food related activities. An example is the many recent immigrants who have come from many different cities—mainly, Puerto Rico. They think that refrigerators are for only raw foods. When they cook food they leave it in the stove for a few days. I am not sure, but I think that many of their upset stomachs that I hear about are because of these practices. I have been somewhat successful in getting the women to use refrigerators.

Hygiene is a difficult subject to talk about, but when I walk into a house and see cockroaches around with food crumbs on the floor I try to tell the woman about ways to get rid of cockroaches.

One of the main issues in the home is nutrition snacks. I find that the mothers are very happy to take my suggestions about preparing better food for their children. They do prepare better foods when they have enough money. However, the real problem with my job is that nutrition occupies only a very small part of these people's lives.

If the EFNEP aide is sensitive to those other problems the job is then more difficult. Many of the women I visit are recent immigrants to this country and are more or less isolated in their homes. Some do not read or write in English or Spanish. Their world is very small. They are less suspicious of me because I am from their neighborhood community.

It still might take three or four visits for them to open up. Once they feel more comfortable with me they will talk and listen, but more often than not nutrition is the furthest thing from their minds. Usually there are crises going on in their lives: A husband just left; someone is sick; a child is doing poorly in school; the rent money is overdue; there are so many problems.

As a person who understands these problems I cannot pass them off to talk of nutrition. This is a big problem for me because I am there to teach nutrition—I am sorry.

Mrs. HECKLER. You are doing very well. You are really one of the finest witnesses we have had.

Mrs. SANCHEZ. I can refer them to agencies to help them with their problems, but I cannot become actively involved in making sure they follow through on my suggestions.

The EFNEP program is special because these people need a person they can trust to come to their homes to talk with them. EFNEP aides are a link to the outside world for these isolated people.

Mr. RICHMOND. Mrs. Sanchez, why don't you have a glass of water and collect yourself? We will hear from Ms. Yost and then come back to you. Will that be all right?

Mrs. SANCHEZ. Thank you.

Mr. RICHMOND. Ms. Yost?

STATEMENT OF BARBARA YOST, COMMUNITY NUTRITIONIST, WIC PROGRAM AND CHILDREN AND YOUTH PROGRAM, LYNN COMMUNITY HEALTH AND COUNSELING CENTER

Ms. YOST. Thank you.

My name is Barbara Yost. I am a community nutritionist for the WIC program and the children and youth program in Lynn, which is the community on the North Shore that is quite poor.

Mr. RICHMOND. We will take your testimony and enter it into the record as written.

[The prepared statement of Ms. Yost follows:]

TESTIMONY

for

HOUSE AGRICULTURE SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER RELATIONS AND NUTRITION

Boston
Massachusetts
November 7, 1977

BY: Barbara Yost, R.D., M.Ed.
Nutritionist
Lynn Community Health and Counseling Center
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Federal food programs have always mandated something called nutrition education, which has seldom been funded, or supported with technical assistance, and which is rarely even defined. I am glad that the federal government questions whether this oft-ignored afterthought "nutrition education" is actually being done. I am a nutritionist, and an educator, and I have designed my share of pamphlets, and taked to my share of interested and disinterested people. I would like to describe our Lynn, Mass. WIC program's attempt to implement nutrition education, and then I would like to present a distillation of the actual nutrition problems in Lynn, where they come from, and how nutrition education alone cannot begin to solve them.

The Lynn WIC program is a home delivery program funded for 700 people, and presently at 1,000. Clients are not required to appear monthly to pick up WIC vouchers. Most of our WIC clients have private physicians, and do not receive medical care at the Lynn Community Health and Counseling Center, where the the nutritonist is based. Our program pays for a half-time nutritionist, and a full time nutrition aide, who for the first year of our program has done lots of clerical work and little nutrition education. We have no nutrition education budget. Many of our clients do not keep appointments with the nutritionist for nutrition counseling, because many of them have a lot of other things to worry about.

To get around some of these problems and attempt to educate our clients about basic nutrition, we have so far instituted several programs. We cooperate with the Lynn Hospital obstetrical nurses and the Union Hospital Mental Health program to provide comprehensive pre-natal classes to interested pregnant women, and parent support groups for parents of young children. We issue a monthly newsletter written clearly and simply, which discusses issues in nutrition and child raising and presents recipe ideas and WIC business. Most of our clients read the newsletter every month. Recently, I received a CETA grant for 7 CETA workers to be trained as home nutrition aides. The aides have been trained, and are visiting WIC mothers in their homes to teach normal nutrition and to discuss typical food behavior in children of different ages. So far this program is successful, but Lynn will continue to need such programs and any others we can invent to improve the very low quality of some peoples' diets. And nutrition education in Lynn will never achieve excellence of individual nutrition unless the real nutrition problems of our society are dealth with.

I would like to briefly enumerate the basic problems of nutrition in Lynn, what causes them, what the resultant food behavior is, what the nutritional or health results are, and suggest what could be done on a federal legislative level to decrease the social and physical cost of poor nutrition. The problems I shall discuss are: 1) lack of nutrition knowledge, 2) Inertia of already established food patterns, 3) Advertising techniques, 4) Perceived inadequacy of money, 5) Lack of motivation for better health.

Problem #1 - Lack of Nutrition Knowledge

What causes it: a. Minimal nutrition education actually available, except the basic 4 which does not meet the nutrition knowledge needs of Americans.
b. Low motivation to learn.
c. Few people have ever see an example of good nutrition, or understand where food comes from and why it is important.

Behavioral Result: Eating is understood to be a sensual pleasure and an emotional crutch, but few people understand it as a source of nutrients and calories for health and energy.

Effect on Nutrition: A diet with excess sugar and salt, excess calories, excess saturated fat, a low nutrient per calorie ratio, and excess empty calories.

Effect on Health: Increased risk for heart disease, hypertension, diabetes; and obesity, which aggravates the above diseases. Possible deficiency of trace minerals and vitamins available from fresh foods. Excess protein, vitamin D, calcium.

What might be done: Effective nutrition education would be facilitated by: 1. educating children in schools about their health and body.
2. Control of the food supply to decrease sugar and salt and increase unrefined foods.
3. Control of the manipulation of the public with slick advertisements to sell foods for the sole purpose of profit, with no thought given to their effect on health.

Problem #2 - The inertia of established eating patterns.

What Causes it: 1. Cultural eating habits remain from the time when many more calories were needed for manual labor, so that the nutrient per calorie ratio could be lower and still compatible with good health.
2. A poor home example leads to poor food choices in the succeeding generation.
3. No good example of sensible life-long eating habits is shown or taught in schools.

Behavioral result: 1. Inappropriate food choices
2. Inappropriate eating cues, especially among the poor who use junk foods as a luxury and a solice for emotional problems.

Effett on Nutrition: Excess sugar and fat, etc. as in #1.
Effect on Health: Obesity, Heart disease, Diabetes, Hypertension, as in Problem #1.
What might be done:
1. Health education in the schools
2. School lunches which reflect a concern with long term nutrition problems.
3. Education to prevent the use of foods, especially sweets, as rewards.
4. Education to avoid overfeeding in response to cues other than hunger in children.

Problem #3 - Advertising Techniques

The use of advertising techniques based on psychological motivating factors such as vanity and fantasy. These techniques present food as everything but a source of nutrients and calories for health. For example: Kids-Yogi bear eats this cereal. You'll love the bright orange color and the sugar flavor. Ladies- Your husband will love you more if you take geritol and serve stove top stuffing. Men-drink this beer and sexy blondes will appear in your living room.

What causes it:
1. Use of cheap, non-nutritious ingredients to fabricate foods which are then sold by slick advertising techniques.
2. No controls on advertising methods.
3. No pressure to present food in a health context.

Effect on Nutrition:
1. Fruits and vegetables consumption decreasing because there is no profit for the middlemen.
2. Increased calories, and empty calories, of high-profit types of foods.

Effect on Health: Health problems as in Problem I.
What might be done:
1. Education of public about profit motives of food companies.
2. Promotion of fruit and vegetable consumption.
3. Control of advertising methods

4. Legislative pressure to have foods conform to a national nutrition policy.

Problem #4 - Perceived inadequacy of money

What causes it:

1. The poor never have enough money, so money is squeezed from the food budget to pay other bills.
2. Many Lynn residents cannot afford food stamp purchase price.
3. Many Lynn residents shop at higher priced neiborhood stores for lack of transportation and planning.
4. Most Lynn residents overconsume expensive meat and dairy products.
5. Foods with superior nutrition, like whole grain products, cost considerably more.
6. Widespread ignorance of budgeting.

Behavioral results:

1. Junk foods used as everyday luxuries
2. Frequent shopping without budget control
3. Choice of cheaper less-nutritious "foods" over nutrition foods (i.e. kool aid instead of orange juice, canned corn over broccoli).

Effect on Nutrition: Diet low in fiber, trace minerals whole grain and high fiber foods, as in Problem 1.

Effect on Health: As in Problem 1.

What can be done:

1. Eliminate purchase price of food stamps.
2. Make good budgeting classes available for food stamp recipients
3. Nutrition education by non-industry related people to teach proper levels of meat and milk consumption.

Problem #5 - Lack of motivation for better health

What causes it: 1. Problems of housing, child roaring, poverty and ignorance of what the future will bring make health a low motivation among the poor.

2. Poor self image and perceived inability to cope with life.

Behavioral result: 1. Diet chosen based on sensory likes and dislikes only, with no heed taken of need to protect health.

2. Nutrition education brings about learning without behavioral changes because of lack of motivation.

Nutritional result: same as problem 1.

Health result: Same as problem 1.

What can be done: 1. Increase quality of life of poor

2. Give hope for improvement.

3. Concentrate on the children for changes

4. Spend more nutrition education money on the middle class, whose basic needs are met, and who often respond to education with behavioral changes.

5. Give status and appeal to nutritious foods, instead of destructive ones.

Clearly these problems and analyses are oversimplified for presentation. However, a real change in eating habits will only be triggered by a wholehearted and massive campaign to educate Americans about nutrition, and at the same time encourage a more nutritious food supply. An effective nutrition education campaign must be nationwide, and must focus on health professionals, teachers, school systems, restaurants, grocery stores, industry and consumers, not just poor people.

Nutrition education should not consist of the DAiry Council teaching people the basic 4 (into which few of the problem foods fall, and which promotes overconsumption of milk and meat, and does not evaluate nutritional quality of different foods), or the Meat Board telling people they needs excess animal protein, or the FDA telling people that all food additives are safe and that white bread is as good as whole wheat. Nutrition education must be a process of equiping people with knowledge to make wise food choices throughout life to maximize the nutrient per calorie ratio, minimize excess calories, fat, sugar and protein. People need to learn to adjust to decreased energy needs with age, and to see food as a source of nutrients, not an emotional solice or a toy. This view of good nutrition, which is shared by the Senate Select Committee on Nutrition and Human Needs, demands a change in the direction the American food supply is taking towards excess empty calories and overly processed foods.

Nutrition is becoming a national issue. Nutrition, not profits or superstition or new markets for synthetic products, should be the important consideration for new products as well as old. Large food corporations must be held accountable for their effect on American health through ignorance or greed. A national nutrition policy is a good beginning, but there must be a battle to impliment it against huge resistance. The first policy should be to protect consumer health, not just agricultural or food corporation profits.

I realize that this is a lot to ask of the federal government, but it is essential. Without these major changes, nutrition education will remain impotent childsplay, a smokescreen over our real nutrition problems.

Mr. Richmond. Why don't you just tell us all about your program? How many mothers do you have, how many children do you have, and tell us how you handle nutrition. Just give us a word picture if you can, Ms. Yost.

Mrs. Heckler and I are especially interested in this particular program. As you know, it is one of the newest and finest programs we have that is offered by the Federal Government.

Mrs. Heckler. It is the only one we boast about, I want you to know.

Mr. Richmond. It is one of the few that we boast about. It is one of the few that we have been able to sell to other Members of Congress. We have proved that for $2,500 we can produce a healthy mother and a healthy baby, compared to the cost of caring for a retarded or ill child, which could be $1 million.

We have been able to sell this program to everybody in Congress. This year we have a $350 million budget on it and we would like to hear in your own words exactly what your program is like and what type of nutrition education you are doing.

Ms. Yost. Well, that is sort of what I had planned to do. First let me say that our program is one of the three home delivery programs in the State. Therefore, you have the WIC nutritionist who is not typical, because in most of the other programs the people have to appear every month to pick up their vouchers. This is how "nutrition education" is performed.

The WIC nutrition program in Lynn is a home delivery program. We are funded for 700 people. We have 1,000 on the program now. The reason is that all of our WIC mothers are having their WIC babies and we have to put the babies on for 6 months to assure that they do not slide right back to malnutrition.

Our clients are not required to appear monthly to pick up their vouchers. In Lynn most of the WIC clients have private physicians. Therefore, they do not come to our clinic, either, for their health care.

I am a halftime nutritionist. I am a halftime WIC nutritionist, so for these 700—actually 1,000—people we have one halftime nutritionist and one "nutrition aide" who so far has done nothing but paperwork because of the Federal requirement and the State requirement for documentation.

We have no nutrition education budget. The nutrition education budget is us and paper. That is what we have—a nutritionist and some paper. That is what we work with.

When I make an appointment for a mother who is having feeding problems with her child often she does not reappear. Getting to the health center is work, putting the clothes on the kids is work, taking out three children by yourself usually means taking a taxi, and they don't have the money—

People, as Anna very nicely pointed out, have a lot of other things to worry about when they are poor besides what to eat.

To get around some of these problems and to teach a little bit of basic nutrition, which is what we are supposed to be doing, we have instituted several programs. We cooperate with the local hospitals. There are two local hospitals. They give prenatal classes and parent support groups to young families.

We issue a monthly newsletter that goes into the homes and so far our feedback has been that people actually read it. This newsletter is very simply written. It is about nutrition and the WIC program. We try and put in helpful hints about raising children and buying food and things like that.

Mr. **Richmond.** Do you have any copies of that, Ms. Yost?

Ms. **Yost.** I brought other copies of things we have, but that I will have to send to you.

Mr. **Richmond.** Would you supply several copies of your monthly newsletter to our committee? We would like the pleasure of reading it.

Ms. **Yost.** Yes; I will.

I still was not getting to anyone and I was very frustrated, so I sniffed around for some money. The only money was in the CETA program. Therefore, I got some CETA people. I got seven CETA workers and I have trained five of them to be home nutrition aides.

By the way, we have one EFNEP nutrition aide in all of Lynn, and she has her hands full. Therefore, I have tried to make five more.

Mrs. **Heckler.** What is the population of Lynn?

Ms. **Yost.** About 80,000 or 90,000.

Mrs. **Heckler.** You have one?

Ms. **Yost.** Well, I was the first nutritionist in Lynn. When I got there it was virgin.

These aides have been trained and they have started visiting people and they have started running into the same problems; 2 days into the program one of the aides found three cases of mothers who either knew of child abuse or were doing it themselves. The first thing they had to do was drop the nutrition and help the mother find resources for this problem—either her boyfriend was doing it, or the mother.

So far when they have been able to talk about nutrition it has been successful because it is on a level of "Here I am. I am an AFCC mother who is a CETA worker. I have these problems and this is how you can deal with them."

When you talk about spending millions of dollars on nutrition education for people who cannot keep it together until tomorrow, when the whole goal of nutrition is long term, you are wasting your money. It might help to put some of that money into your middle class who has fewer problems and more interest in making it to 65 so they can spend their money.

So far the home nutrition aide program has been quite successful, because the aides are out on the streets meeting people and organizing things in a very enthusiastic way.

I continue to see people in my office when I can to do nutrition education. We are planning in the future to get our nutrition aide out of the office and to refuse to do any more clerical work and to get her started on parent groups and neighborhood groups to get together and talk about nutrition. She will also be talking about problems of child rearing and not being able to pay the rent.

When I sat down to think about this testimony and about what came into my mind about the actual nutrition problems in Lynn—what nutrition education has become is how to avoid the American food supply and how to get around the advertisements and the marketing deception, how to read labels and understand them, and how to cope—which many people have forgotten.

The basic problem comes back to you and to the Federal Government, because that is really the only hope of stopping it. The basic problem is lack of nutrition knowledge in combination with advertising techniques. In the old days, people had no choice. They ate what was there and it was generally natural foods. It was fairly nutritious. Nowadays you can go to the supermarket and walk for days without seeing something that is actually nutritious.

These advertising techniques contribute to the inertia of the food habits that people already have. When a mother has poor food habits that is what the child learns. The only place they would learn any other way is in school, and the school lunch programs are very poor. What they serve is canned corn and french fries and pizzas—something like that—in the same meal. That is not a nutritious meal and that is not an example.

People perceive their insufficiency of money. If someone was very together and educated they could probably live nicely on what a lot of these families do, but when you do not have that attitude your planning of money is different. Food, very often junk food, serves the role of a luxury when you can't have your Cadillac or your boat or your country house. If you have it three times a day it makes you feel good. Junk food especially has taken up this role in many poor people's lives.

Also, when you do not know where the money is coming from tomorrow you have no motivation for better health and it is very difficult to motivate an adult.

In the WIC program—and I think this is one of the best features of the WIC program—you can take advantage of a woman, a mother, in her most vulnerable educational period. When a women is pregnant and with small children, most of them would do most anything to do right by their children. They try very hard. When I sit down and say, "Mrs. Smith, I am going to give you orange juice. I would like you to use orange juice instead of Kool-aid. I am going to give you cereal. Use our cereal instead of Froot Loops. We are going to give you cheese. Please use this cheese instead of candy as snacks." When people go home they can do these kinds of things because it is very simple. These foods have been given to them.

The problem with the food package——

Mr. RICHMOND. Ms. Yost, I think you are running over your time. Could you summarize?

Ms. YOST. Yes. I just wanted to quickly say that because the WIC food package is such an important nutrition education tool, we have to be very careful to keep out undesirable foods and to promote those that are better—those that have less sugar, for example. We do not recommend chocolate milk or any of that kind of stuff. We do not recommend any of those yellow processed cheese foods. We recommend perhaps more nonfat milk or else just less milk, because overconsumption of milk is a major nutrition problem among children in Lynn already.

Mr. RICHMOND. Thank you so much, Ms. Yost.

Mrs. Sanchez, why don't you complete your testimony? We both understand that as an EFNEP aide you go in to help people with their cooking and with their homemaking, but you end up listening to their troubles. That is one of the problems of being an EFNEP aide.

Why don't you just summarize your testimony as an EFNEP aide and what you do and how you handle nutrition problems?

Mrs. SANCHEZ. What I want to say is that the EFNEP program is special because these people need a person they can trust to come to their homes to talk with them. EFNEP aides are a link to their outside world for these isolated people. We can see the many problems they have, some of which are related to food. We do what we can to help.

This is good, but we have to be realistic and remember that nutrition is only one part of these people's lives.

Thank you.

Mr. RICHMOND. Thank you, Mrs. Sanchez.

I just have one question. Mrs. Sanchez, you know that the expanded food and nutrition education program is a major nutrition education program offered in the whole United States.

On 1-to-1 work, which I assume you do, it appears that each visit you make costs approximately $12.50.

Mrs. SANCHEZ. How much?

Mr. RICHMOND. $12.50—that is a national average.

The EFNEP program is now serving only 10 percent of all the people in the United States. Boston is only serving 2 percent, but in the entire country the average is 10 percent.

That means that 90 percent of the families in the United States that need EFNEP are not getting it.

My question to you is: what if we were to change the EFNEP program somewhat? Istead of making it a 1-to-1 program, as you do, what if you would visit all the women on the floor of a housing project, or all of the women in a small apartment building.

Would that be more efficient? Would you be able to reach more people? You understand that right now we are only reaching approximately 2 percent of the people that need EFNEP.

Mrs. SANCHEZ. We have to stay on a 1-to-1 basis. No matter how many invitations you send to them, no matter how attractive the presentation will be, especially with the Spanish-speaking population it is very difficult to take them out of the house—to bring them out of the house.

This is one way I work. I usually visit a family. After I establish a relationship with them—trust and many other things—low-income families have many other fears. They do not trust people that fast, just to come to a meeting to listen to nutrition.

Therefore, after two or three visits we usually get together with three, four, or five homemakers. Most of the time the problem is the father, because the Spanish father does not like the woman to go next door by herself. Also, we reach the children and we work with the——

Mr. RICHMOND. What you are saying is that the first couple of visits should be 1 to 1, and after that you can work with groups?

Mrs. SANCHEZ. We usually do that. That is how I do it. Our main goal—when we accomplish that we feel very happy.

Mr. RICHMOND. Thank you very much, Mrs. Sanchez.

Mrs. Heckler?

Mrs. HECKLER. I would like to say that the panel is absolutely excellent. Now I can see how valuable each one of your roles is.

Peter, I have never heard of a student representative for school lunch programs. Was this authorized by the school committee? Is this something that happens in other communities as well?

Mr. MACKIE. I am the representative on the school committee, from the school, but it is not a representative for nutrition.

Mrs. HECKLER. I see. Do you report back to the school committee on the quality of the school lunch program? Have you ever raised that issue with the school committee?

Mr. MACKIE. No; we have not. We probably will, but I don't know if they can really do that much with it.

Mrs. HECKLER. I think it would be very useful for a school committee, for example, to contact the Department of Agriculture and their elected officials, and discuss the quality of school lunches and so forth. That would be another area of pressure that could be bought to bear on the subject.

I also think this is the first time we have ever had a student testify, which is useful.

I can see, Mrs. Sanchez, that you give a great deal to everyone with whom you come in contact, and not only with regard to nutrition information. I thank you for that public service. It is very important. It is a slow beginning, but you are——

Mrs. SANCHEZ. Very slow.

Mrs. HECKLER. Very slow and very frustrating, but we are making progress.

Mrs. SANCHEZ. Sometimes you have requests from them about nutrition. That is a great accomplisment.

Mrs. HECKLER. It is.

Mrs. Sullivan, if we had not heard your good stories about the social life at the Natick Senior Center I think we would think that life is indeed dismal because we have pondered problems quite seriously today. I am happy, however, to have that dimension presented.

Mrs. SULLIVAN. Well, I think it is also important that they themselves should give something to this program. They should not just sit back and expect everything to be handed to them. The more they get involved the better off they are.

Mrs. HECKLER. Exactly. I know very well how they are at that particular center.

Mr. RICHMOND. Just like you, Mrs. Sullivan, right?

Mrs. SULLIVAN. Well, of course, I cannot bear sitting down so long. I have to get up and do something. [Laughter.]

Mr. RICHMOND. Thank you very much Mr. Mackie, Mrs. Sanchez, Mrs. Sullivan, and Ms. Yost.

Mrs. HECKLER. You prove our statistics, Ms. Yost, unfortunately. Your testimony bears out the study. If anyone accused that study of being less than objective you bear out the facts of the study by your own experience in Lynn. Therefore, our work is cut out for us, obviously.

Thank you so much for appearing.

Mr. RICHMOND. Our last panel is: Mr. Luis Garden-Acosta, producer of "Dr. Salsa's Medicine Show"; Mrs. Shirley Taradash, who is a housewife and a member of the consumer board of Stop 'n Shop; Mr. Arthur Driscoll, director of the Fall River WIC program; and Ms. Ruth Crocker.

Good morning, folks. We would appreciate it if you would file your testimony. We will include your full testimony as part of the record. If you would please just summarize we would be most grateful. That would give us an opportunity to ask you some questions.

Mr. Garden-Acosta?

STATEMENT OF LUIS GARDEN-ACOSTA, PRODUCER, "DR. SALSA'S MEDICINE SHOW"

Mr. GARDEN-ACOSTA. Yes; I will do that, Congressman.

In the interest of brevity I will just let the radio show speak for itself, and then we can talk about it afterward.

[Tape played.]

Mr. GARDEN-ACOSTA. That is just a slice of the show. That was a top-40 hit by Cool and the Gang, "Fruit Man."

That is in fact how we produced the show. In fact, we are modeled on a diskjockey show. We try to in every way take the very best of the kind of radio that is being produced in the country and create the kind of show that sounds like any older diskjockey show, except that we program our music and our comedy and our authoritative messages to push a particular piece of information. In this case it was the relationship of stress to junk foods and what we call "the fruit and exercise solution."

In another case it was a question of coffee. Congressman Richmond, you were on the show at one point talking about your committee. I remember that.

At any rate, the show was conceived as an answer to the problem of how to educate people on prime time on commercial radio and commercial television. The problems, as you know, are unreal when it comes to trying to do that. If you have a public affairs program in the traditional sense—a talk show—you wind up going on before God at 5 o'clock in the morning or after the evening sermonette at 1 o'clock in the morning.

We think the FCC can help by compelling the broadcast industry to make available some popular times for public affairs programing.

I am sure that Peggy Charren talked about the role of the FCC this morning and what can be done in terms of the commercials.

The study that you all put out by the Virginia Polytechnic Institute indicates that the Government has not been doing too good a job at trying to inform Americans on nutrition education. We felt that one of the reasons they were not doing a good job at that was simply because they were not using the culture. They were not using the proper medium—the mass communications media.

We thought that the only way to do that was to simply look at the mass communications media and look at what people are hearing and watching and produce shows accordingly. Do not call them "health shows." In this case, I am Dr. Salsa, public health diskjockey. I do not call myself a public health diskjockey, I am just a diskjockey. I come across puttting out the top tunes. I compete with other diskjockeys just on that basis.

Because we have the kind of staff that we have we are able to program and educate.

Our preliminary evaluation up in Amherst indicates that we are the top program in the area and that people's attitudes have changed. We are beginning to see some behavior emanating from our shows.

We are beginning to syndicate, also, here in Boston on WBCN and Springfield and on WAKY. We are looking to syndicate in New York, Chicago, and Los Angeles—the major markets in the country—to produce the kind of demonstration that we think will be helpful in indicating the road to follow.

If you have any questions I would be happy to answer them.

Mr. **Richmond.** Thank you, Mr. Garden-Acosta.

[The prepared statement of Mr. Garden-Acosta follows:]

Statement of Luis Garden-Acosta, Producer, Dr. Salsa's Medicine Show

On behalf of Dr. Salsa's Medicine Show, of the Institute for Responsible Media, I am very pleased to speak before you on nutrition education and the media, a subject we believe is vitally important to the health of the nation, and one which inspired the development of our entertainment-oriented public health radio program.

Not so long ago, the original Medicine Men and Women of this continent practiced a medicine totally in keeping with every aspect of life. The practice of good health was not confined to curing the symptoms of one illness solely, but involved the society's food, dance, art, religion and philosophy, as well as the politics of the tribal council. In short, it was not a question of preventive or curative medicine, but simply a constant dedication to health promotion, using the existing culture.

History records the violent suppression of this approach, and in its place pioneer America brought forth the Medicine Show, which as we all know consisted of a song and dance and a wonder drug to cure all ills. And so America, which had the finest tradition of culturally attuned medicine, degenerated to a definition of health by, as Voltaire puts it, "Men who prescribe medicine of which they know little to cure diseases of which they know less, in human beings of whom they know nothing."

Not much has changed for the better since Voltaire wpote these words. If anything, the imbalance between curative and preventive medicine has been so weighted that up until recently, to speak of prevention was to run the risk of being labeled anything from a "food faddist guru" to a subversive anti-American who was better "dead-than-fed". The Modern Medicine Men and Women use electronic media. The disc-jockey, as well as the slick, often sexist and misrepresenting T.V. commercials still lure an audience with a song and dance and cure-all. The pitch is no longer restricted to the covered-wagon. 97% of American homes have television, and 41% have at least two T.V. sets. There are nearly two radios for every man, woman and child in the country, and as of January 1976, 8034 radio stations operated in the U.S.

With this kind of fire power, the results of recent studies should surprise no one: the nutrition habits of America are influenced by what it sees and hears. Upwards of $1 billion a year is spent on motivating the American people to eat foods whose nutritional value, for the most part, is questionable. Only 2% of the T.V. food sell involves meat, fruit and dairy products. A recent University of Minnesota study, conducted by Dr. Judith Brown, found that 78% of food commercials targeted at children are for highly sugared breadfast cereals and snacks. 49% of the ads for food products aimed at women around midday are for the same two items plus beverages. For adults viewing in the late evenings, 47% of the commercials are for snacks, beverages, and quick foods. Overall, foods advertised are of low nutritional value. If nutrition information is included in advertisements broadcast during the three time slots monitored, chances are that the information was more "nutritious" than the food product advertised.

The study concludes that if we were to believe that most of the food products advertised on T.V. were part of a nutritious diet, or in other ways "good for you", then we would have to believe that an olive or a gumdrop could also be considered "part of a nutritious breakfast", that the addition of Vitamin C to a sugar flavored powder renders it nutritionally comparable to orange juice, and that Americans can become well nourished by consuming large amounts of single nutrients that are added to otherwise empty calorie foods.

However it's not just a question of commercials. As frightening as the fact that children especially are affected by a bombardment of 22,000 television commercials per year, a more subliminal danger is the actual program itself. It's difficult to ask both children and adults to lower their sugar intakes, when their favorite cop can't seem to breath without a lollipop in his mouth. America may be coming to grips with the notion that alcohol is the biggest drug problem of them all, but it's difficult to really internalize that idea when the favorite prop used throughout T.V. programming is the filled martini glass, and this despite the fact that there is supposedly no advertisement of hard liquor on T.V. today. Which all moves HEW Secretary Joseph Califano to point out that "when the air is filled with seductive advertising for products that increase the chances of disease or death, we have a clear obligation to provide facts on the other side".

But where will we get the facts? Not from the food industry. As Dr. Rechard Daniels, Director of Health and Product Safeth for Standard Brands, says, "You cannot expect a company that makes a particular food and has a 30 second spot in which it's paid $60,000 to promote the consumption of something else." Historically, not from the government. If there's anything that two new studies by the Virginia Polytechnic Institute and the Library of Congress indicate, it's that the government has done a rather poor job at educating the public through print. The Federal Government spends some $70 million per year on nutrition education. Undersecretary of Agriculture Carol Foreman has pointed out that "the overwhelming amount of material is printed and we are not a country of readers anymore". Indeed, as you stated, Congresswoman Heckler, at the Stop and Shop Consumer Dialogue on Nutrition, "it's essential that we fight the specific farm lobby, cattle lobby, special lobby of any kind with the promulgation of information in methods that will reach the general public, not through brochures, or even excellent committee reports, but through the mass media".

But we can't trust the media industry alone to act, unless we want to settle for 30 second spot commercials that go on before God in the morning and after God at night. Nor is millions of dollars poured into Madison Avenue the sole answer. For while Madison Ave. is adept at marketing and motivation for product consumption, it has something to learn in the area of health education.

Faced with these realities, a couple of years ago Via Vera and I developed a strategy that merged health education, mass communications media, humanities and entertainment, to produce a new Medicine Show. What we've done is simply gone back to the concept of the original Medicine Men and Women, of using the current culture to reach our nation's ethnically and economically diverse communities. Our first model, Dr. Salsa's Medicine Show, takes into account the way people use radio, and is accordingly built on the disc-jockey framework. Let me give you an example of what I mean....(demonstration of Show). Preliminary evidence of our formative evaluation leads us to believe that we're on the right track. I must mention to you, however, that while there is some support coming from Government agencies and public health institutions, and even from the food industry, we might not ever have been able to produce such a demonstration if it were not for an initial grant from the Massachusetts Foundation for Humanities and Public Policy.

The kinds of response we are getting from radio stations across Massachusetts lead us to believe that we will be successful in syndicating the Show across the country for broadcast at popular times. Along with the Show, we are developing print articles that again use culturally-based entertainment to get the message across.

And realising that one-third of our meals are eaten away from home, and that predictions are that in the 80's one-half of our meals will be eaten away from home, we are in the process of creating a demonstration at a popular Amherst restaurant, whose new menus will offer Medicine Show Specials, that is, meals that relate to the dietary goals as put forth by the U.S. Senate Select Committee on Nutrition and Human Needs. We've done as much as we can, but it seems to me there are things the Congress can do to help.

The first one, and one very dear to our hearts nowadays, given the fact that our money runs out next month, is to provide some real leadership in helping to find resources both public and private for efforts such as ours.

Secondly, we think there is much the F.C.C. can do to create the kind of climate within the broadcast industry that would compel the industry to provide prime time access for public affairs programming. As Action for Children's Television has demonstrated, there is much the F.T.C. can do to eliminate misrepresentation and unethical advertisements. But the question we must face is whether or not we are prepared to confront head-on such health-damaging messages. We believe with Carol Foreman, "that nutritious foods may have to be hawked in the same T.V. marketplace by the same methods as soft drinks and cereals." And as Undersecretary Foreman notes, advertisers tell viewers in compelling fashion that by consuming their products one will become socially acceptable and never lonely again, "...but when was the last time you saw a commercial on the virtues of brocooli?"

As you pointed out, Cong. Richmond, we need to do more nutrition education in the schools. But we also need such a program for the restaurants and supermarkets.

To conclude, we need the kind of commitment to nutrition education that for example the record and publishing industry has for the promotion of its product. On a typical Monday or Tuesday most radio station program directors are swamped by record industry promotors who hawk and try to motivate broadcast time for their product. Sometimes the methods employed are illegal and we hear about them in the form of payola. But most of the time it's a consistant hard and soft sell, a constant stroking and building of linkages with the program directors and disc-jockeys that determines what we hear. Publishers politely visit for a brief chat with the public affairs director to get the author of their latest book as much time on talk shows as possible and that in turn influences what we read.

The implications for nutrition education are obvious. The question is, in our experience, not the way anymore, but whether or not we have the will.

Mr. Richmond. Mrs. Taradash is the next witness.

You are on the consumer board of Stop 'n Shop?

STATEMENT OF SHIRLEY TARADASH, HOUSEWIFE AND MEMBER OF CONSUMER BOARD, STOP 'N SHOP MARKETS

Mrs. Taradash. Yes, I am.

First of all, I would like to say that I am very pleased to represent Stop 'n Shop as a consumer board member and to become involved in something like this. I am sure that if it was not for Stop 'n Shop I would not have come, because I know nothing about nutrition.

Mr. Richmond. Why don't you tell us in your own words what Stop 'n Shop is doing to help educate the public.

Mrs. Taradash. Well, I feel that their consumer board program is a very good one. They are reaching a great number of consumers. I do not agree with all of the policies and all of the things that they have shown. I felt that there was no personal value to me in some of the field trips that we took, but I realize that there was value to the other board members and other consumers.

They do reach a tremendous amount of people through this program and are reaching even more.

However, when it came to nutrition and when it came to this, I know very little about nutrition except what the average housewife knows. I know that I want my family to have a well-balanced meal. I feel that they do.

I also know, through Stop 'n Shop that the labeling is such by ingredients—the calcium and potassium and everything else that is on them—it is very helpful to read this on the label.

However, I am a very busy working housewife and having gone through the market and looked many times, I do not see anybody reading those labels.

Mrs. Heckler. Do you read the labels yourself?

Mrs. Taradash. Very, very rarely do I read the labels—mostly on dog food. I very rarely do it for my children, it is mostly for my dog. It is not because I am so fond of him, but I know that I would like to see meat as the first item of that.

I feel that if I did read the label I really do not know how much calcium my family should have each day anyway, so it really does not make any difference to me.

Mr. Richmond. Actually, the best labels should tell you exactly what is in that package and how much a day is required of these vitamins and minerals. Unfortunately, our present system is not always comprehensible to the average consumer.

Mrs. Taradash. Yes; but when you are getting down to 6 percent and 8 percent—I do not keep track of each little item to know that they need 20 percent and I only have 2 percent here and 6 percent there to make up this 20 percent. I do not have time to do that, and I do not feel that most of the housewives do have time to do that.

Mr. Richmond. As a member of its consumer board could you tell us about what Stop 'n Shop is doing to inform the consumer of better eating habits?

Mrs. Taradash. Well, they put out a pamphlet—a consumer pamphlet. It goes home every day or so with the consumer that is in the market every day. It has lots of nutritional information, and very good information.

Mr. Richmond. Could you give us an example?

Mrs. Taradash. Well, they had an article, I remember, on the apple and different ways to cook the apple. It is seasonal, so to speak. During nutrition week they had—I did not read it——

Mr. Richmond. Apples, unfortunately, do not have too much nutritional value.

Mrs. Taradash. Well, I did not know. It is a fruit, and as far as I am concerned I would rather have my children eat an apple than a candy bar. They gave a lot of nice recipes for apples, and this being the season I am sure I am going to try them.

Anyway, I feel that there should be some sort of a chart that might be able to tell me as the consumer that I need a red group, a yellow group, and a blue group. In our particular area there are tremendous amounts of non-English-speaking people. I feel that if you started some sort of a group like "tall tooth teeth" for the alphabet, which the children are coming home from prekindergarten, almost, with—the new Sesame Street series has something in there—if there was some sort of an intensive nutritional survey in the schools to reach these young children, they in turn will bring it home. It could be continued through the food processes or such in some sort of a category chart so that when I look through the market and I am in a hurry—I am not going to stop and look to see which box of cereal to buy. Cereal box A could be coated yellow so that I would know that that is a little bit better for my children than cereal box B, which is green or purple or something like that.

If this was done I could quickly understand and know which cereal box I am going to pick up rather than the one that my children will.

Mrs. Heckler. You are very fortunate. You do not have anybody in your family with a major health problem. If you did you would be reading labels very, very carefully.

Mrs. Taradash. Right.

Mr. Richmond. Mr. Arthur Driscoll?

STATEMENT OF ARTHUR DRISCOLL, DIRECTOR, FALL RIVER WIC PROGRAM

Mr. Driscoll. Chairman Richmond and Congresswoman Heckler, my name is Arthur R. Driscoll. I am director of the WIC program in Fall River.

WIC is basically a nutrition program and it differs from most governmentally sponsored activities in that it is preventive in scope. As you know, coupons are made available for the benefit of children under 5 years of age. These food coupons are really prescriptions to good health.

The program differs from the conventional in that this prescription is made early enough in life to prevent the onset of illness.

We are very fortunate in being able to extend the benefits of this program to our residents in Fall River. We are concerned, however, when we are placed in the unhappy position of having to deny eligible applicants simply because we have reached our maximum caseload.

On the basis of my experience as WIC director, I firmly believe that our presently approved caseload does not adequately meet the tremendous need in our community. We are an old community, poor by most standards, but extremely proud

Our population exceeds 100,000 and is made up of an immigrant population that is constantly growing. Approximately 40 percent of our population is made up of Portuguese-speaking families who have come to our community to join other friends and relatives from the Azores. They are in a period of transition and their dietary habits can be improved.

According to our most recent census report, 11 percent of all residents are presently living below the poverty level. It is also reported that the median school years completed is 8.8. Low income and low academic achievement certainly lead to the likelihood that improper nutrition will occur.

We have two excellent nutritionists and a nutritional aide. They carry responsibility for the identification of family nutritional needs at time of initial certification. They then counsel those clients in order that maximum benefit might be obtained from the foods allowed under the program.

We feel that this is excellent but it is only the beginning. This first step, we suggest, should be followed with the nutritionist entering the home of the participants and sitting down with the mother and reviewing with her all the nutritional concepts that have been developed during the past many years.

This identification and subsequent followthrough will, we feel, bring about a comprehensive and complete program in the development of nutritional standards.

We appreciate what Congress has done. A special thanks to Congresswoman Heckler from the 10th Congressional District, who enabled Fall River to be the largest caseload in the State of Massachusetts.

We ask that WIC be given continuing support.

In conclusion, we suggest that consideration be extended to all eligible women, infants and children without reference to arbitrary, limited caseloads and second, to provide administrative moneys to underwrite a nutrition education program to be conducted by trained personnel who will have the time to visit with mothers on a one-to-one basis in their homes.

Thank you very much.

Mrs. HECKLER. Mr. Driscoll, could you tell us for the record what the caseload is?

Mr. DRISCOLL. The caseload in Fall River is 3,200.

Mrs. HECKLER. Is that the largest in the State?

Mr. DRISCOLL. That is the largest in the State of Massachusetts, as an area. Again, I think Boston has more, but it is broken up into smaller areas, such as South Boston. Totally, Boston would probably have more than us, but as one local program we have the largest program in the Commonwealth.

Mr. RICHMOND. Ms. Crocker?

STATEMENT OF RUTH CROCKER, NUTRITIONIST, PROJECT OUTSIDE/INSIDE

Ms. CROCKER. Thank you.

Even nutritionists succumb to the flu, and that is where Carol Wintel is today, who was scheduled to speak at this time.

I am Ruth Crocker, and I am also a nutritionist. I work with a nutrition, health, and gardening program called Project Outside/Inside.

This program is funded through the Massachusetts Department of Education. It is a title IV C project.

Our purpose is threefold: the development of curriculum; teacher training; and implementation of community programs. We have written four books. These include: a sixth grade garden unit which illustrates the interrelationships of human beings and their environment and how plants grow. Children learn how to actually plan and plant a garden in their community.

Last year we implemented the program and the children had six community gardens throughout Somerville.

Our second book is a Junior High book, which is aimed at helping students become more physically fit, able to make wiser food choices and develop healthier self-images.

We also have a 10th grade science book which demonstrates the relationship between food quality and personal health.

We also have a 12th grade unit which helps students develop skills in differentiating between high- and low-quality food and finding ways to improve their food and health habits.

Our curriculum is focused on having kids develop analytical skills, because I think Ms. Yost spoke to the problem really well. One of our biggest problems in the country is teaching kids and adults how to make wise food choices from the myriad of low-quality foods that really exist in our supermarkets and everywhere across the country. We are faced with far too much sugar and fat and additives in our food.

All of these books are developed with the help of teachers. They are in on it every step of the way. Workshops are conducted to prepare the teachers in implementing the curriculum. The units are piloted in the classroom, evaluated, revised, and then reprinted for national use.

At the community level we have developed a mininutrition book for adults and a 30-minute TV program called Rate Your Plate. That was also done with actors from the Somerville community who were community people.

We are working with parents and health professionals to design various community programs such as a four-session course on health problems and solutions and an adolescent weight group.

I feel that money is needed primarily to fund nutrition education coordinators at the local level to provide training for teachers and facilitate community nutrition education programs. Excellent materials like the ones we are developing are only effective if the teachers are enthused and comfortable with the material.

We have also found in our teacher workshops that teachers know very little about nutrition. They really need a lot of training to show how they can interrelate nutrition with the stuff that they are doing every day in the classroom.

This kind of funding can be very successful. For example, Carol Wintel, a member of our staff, worked as a nutrition education coordinator for an elementary school ethnic nutrition project last year and we evaluated the changes in students' food attitudes before and after nutrition education. I will give you a few examples.

Maritza's favorite food in the fall was always candy. She said she liked lots of sugar on her cereal and would choose only white bread for sandwiches. In the spring she was quoted as saying, "Now I eat cereal with fruit and milk and I tell Mom to buy brown bread."

Carlos told his teacher in the fall that he usually had root beer for breakfast. In the spring he said, "For breakfast I drink cocoa and juice. I don't drink root beer any more."

Other examples of behavioral and attitudinal changes are that one first grade class, on their own initiative, brought no candy to their Valentine party. Another class set up a play store in their room and the teacher had candy and fruit for the children to buy with play money. All the children chose fruit. Another class—not in the nutrition education project—came in and all those children bought candy.

Besides the importance of funding nutrition educators at the local level, I feel it is important that the Federal Government be prepared to improve school food programs to complement nutrition education.

At our school last year, once teachers and students started changing their attitudes about the amount of sugar they were consuming, it was necessary to get a better breakfast because the original one consisted of cereals which contained from 40 to 60 percent sugar. This kind of contradiction exists throughout the country. One thing is being taught in the classroom and something else exists in the cafeteria.

Thank you.

Mr. RICHMOND. Thank you, Mrs. Crocker.

Mrs. Heckler?

Mrs. HECKLER. This is an excellent panel, really.

Ms. CROCKER. I also have a copy of our curriculum—the sixth grade gardening book—if you would like to have it. I will leave it here for you.

Mr. RICHMOND. Thank you very much.

Mrs. HECKLER. We went on a tour this morning of a local learning center and watched the food program. There, the mothers who were aides commented on exactly what you have said. Their children now prefer certain snacks. I asked the children if they liked celery sticks. They said yes, they like celery sticks and carrot sticks. The mothers said,

> We are buying what they like. We do not necessarily agree with these choices, because they belong to almost a different food culture, but our children are learning how to eat right and we are reinforcing it.

We in the Federal Government should be reinforcing that as well.

Mr. RICHMOND. Thank you very much.

All your testimony was of great value to us.

I really appreciate all of you coming. I think we have learned a great deal this morning. It will all be made part of the record of our national nutrition hearings.

We definitely appreciate everyone's attention and everything you have taught us this morning. I particularly wish to thank my colleague, Mrs. Heckler, for inviting us to Boston for this hearing and for also providing us with so many outstanding witnesses who care so deeply about health and nutrition.

The hearing is adjourned.

[Whereupon, at 12:30 p.m., the subcommittee stood in recess.]

[The following material was submitted:]

Summary of an Analysis of the Content and Readability of Nutrition Publications

REQUESTED FROM THE LIBRARY OF CONGRESS WITH THE COOPERATION OF THE VIRGINIA POLYTECHNIC INSTITUTE BY THE HOUSE AGRICULTURE SUBCOMMITTEE ON DOMESTIC MARKETING, CONSUMER RELATIONS, AND NUTRITION, REPRESENTATIVE FRED W. RICHMOND, CHAIRMAN

The report reviews a representative sample of Federal Agency publications on nutrition (page 1).

CRITICISM

1. Among its findings are

Information presented on such difficult topics as nutritional labeling and the concept of calorie content of food is inadequate and could even serve to reinforce consumer misconceptions. (page 2)

There is frequent mismatching of reading materials with audience reading ability. This is particularly true of publications written for low-income audiences who are often undereducated. (page 3)

Government nutrition publications have an overall low appeal to consumers. (page 4)

The least comprehensible pamphlets are those which deal with general nutrition. In many of these information is stretched or over simplified to such an extent that it often becomes meaningless. (page 5)

Consumers do not know which foods and diets are good for their health and to make general statements about "eating some food from each group everyday" or "extra large servings will meet the nutrient needs of active individuals" does not alleviate the problem. (pages 5–6)

Much of the content could be more current. (page 9)

More detailed and accurate information on the specific nutrient needs of specific population groups including infants, teenagers, and pregnant women is needed. (page 10)

The pamphlets reviewed on infant feeding did not address many current issues of concern, e.g., increased interest in breast feeding, problems of health in later life associated with current infant feeding practices, changes in infant foods developed by industry, etc. (page 10)

The results of newspaper readership research suggest that much of the target population for nutritional literature is not inclined toward reading in general. (12).

Although the intended audience for any publication should be a primary consideration in shaping the language with which its message is constructed, this has not always been the case in the publications studied. (page 13)

Publications intended for the general population and of particular potential value to low income and undereducated persons are often written at upper high school and college levels . . . These fads suggest that nutrition publications are often written solely for content purposes with little effort to gear content to the reading ability of the target population. (13).

II. Recommendations the study calls for

1. Government nutrition education materials which focus more definitely on one specific nutrition concept designed for one specific audience.
2. The development of an ongoing system of evaluation for new materials and reevaluation and updating of present materials.
3. Consumers need information applicable to everyday food selection. Agencies should explore other methods beside recipe distribution to better communicate nutrient information.
4. Government agencies should develop more nutrition education material addressing current nutrition concerns relevant to consumer needs, including the specific nutient needs of certain groups, including infants, adolescents, pregnant women, and the elderly; the effects of food processing on nutrient content, food additives, and nutrition as a preventative measure in the management of certain disorders.
5. With the widespread availability of electronic communication devices, governmental agencies should expand their efforts to use alternative nonprint ways to communicate important information to target audiences.

(The copy of the analysis in its entirety is held in the subcommittee file.)

American Association of Advertising Agencies, Inc.,
Washington, D.C., October 5, 1977.

Hon. Frederick W. Richmond,
1728 Longworth Building, U.S. House of Representatives,
Washington, D.C.

Dear Congressman Richmond: Following are comments made by various of our New York advertising agencies who were asked to comment on the publications which you provided:

FAMILY FARE

Would judge that the element that is most missing from the enclosed booklet is persuasion. For example, as we all know, industry long ago learned that the consumer responds more readily to the emotion of her appetite than she does to the nutritionist's facts. Believe the booklet would be considerably enhanced by the inclusion of appealing full color photos of suggested food items. Or at least, by some appetizing and appealing drawings of food items.

Would recommend that this basic message be made more graphic and persuasive to make it both more motivating and understandable. Would be inclined to replace the booklet with a goodlooking yet informative poster which could be captioned with something a little more enticing than "Family Fare."

Find the front of the book just a little confusing. Interpretation of the message is that if you include the recommended portions from the five food groups you will be providing your family with the proper balance of nutrients—whether they be proteins, carbohydrates, etc. If this is so the detailed facts that follow about nutrients are "information overkill." In fact, probably too impossibly complex for those on the lower end of the socio-economic ladder to fathom. Recommendations would be to limit the front of the book to the simple message of the five food families, to put the rest of the explanatory data in the back of the book in an appendix for those who would be interested in knowing that much more about it.

FOOD FOR FITNESS—A DAILY FOOD GUIDE

Would judge the element that is most missing is persuasion. For example, as we all know, industry long ago learned that the consumer responds more readily to the emotion of her appetite than she does to the nutritionist's facts. Believe the booklet would be considerably enhanced by the inclusion of appealing full color photographs of suggested food items. Or at least, by some appetizing and appealing drawings of food items.

Would recommend that this basic message be made more graphic and persuasive to make it both more motivating and understandable. Would be inclined to replace the booklet with a goodlooking yet informative poster which could be captioned with something a little more enticing than "Food for Fitness—A Daily Food Guide."

FAMILY FOOD BUDGETING FOR GOOD MEALS AND GOOD NUTRITION

The "Family Food Budgeting" pamphlet is a World War II vintage presentation filled with helpful and valuable information. However, the presentation is dull and colorless and reads more like a textbook than a consumer guide. More illustrations, shorter and more direct copy references, simple tables (the charts and tables look more like something from the General Accounting Office rather than from the Department of Agriculture), more suggestions and hints to be followed. The last page of this booklet is one of the best, but suffers from lack of visual interest.

FOOD—NUTRITION AT WORK FOR YOU

Filled with helpful and valuable information. However, the presentation is dull and colorless and reads more like a textbook than a consumer guide. Many more illustrations, shorter and more direct copy references, simple tables (try to decipher the one on page 15), more suggestions and hints to be followed (the last page is one of the most thoughtful in the booklet), and expand the section on "Daily Food Guide" pages 3 and 4.

NUTRITIONAL REQUIREMENTS IN ADOLESCENCE

Book is atrocious and the copy complicated. Feel this effort is amateurish and missing the audiences they are trying to reach.

Book is atrocious and the copy complicated. The menus in this guide for older citizens are somewhat better. Feel this effort is amateurish and missing the audiences they are trying to reach.

So far we have received comments on six of sixteen booklets. It is safe in our judgment to assume in view of the similarity of response to six of the booklets that the balance will also be similar.

That is—no quarrel with substance, but concerned with simplicity, visual strength, and general presentation.

We hope that this has been helpful. We will forward the balance of comments as soon as received. Sorry we did not have more time.

Cordially,

William R. Hesse,
Senior Vice President.

THE FEDERAL ROLE IN NUTRITION EDUCATION FROM THE STATE AND COMMUNITY PERSPECTIVES

(A Staff Review of Programs Servicing Boston, Mass.)

OVERVIEW

The Commonwealth of Massachusetts spends $4 billion annually on health care. It is estimated that improved nutrition could reduce this bill by one-third. The Ten-State Survey (DHEW, 1970) showed that although starv[illegible] was not a problem in Massachusetts, a large proportion of the population was marginally nourished and poor dietary choices were very common. Experts agree that little has happened in the last seven years to change this situation.

There are 38 separate food and nutrition programs administered by 19 different agencies in the state. A minimum of $277,000,000 is spent annually by these programs, with 90% derived from federal funding. Most programs offer some type of nutrition or food information, from printed booklets and flyers to one to one counseling. To the Subcommittee's knowledge, there is no compilation of information currently available as to the extent of nutrition education funding or "reach" on a state or local basis. No formal mechanisms of coordination exist to determine needs for services or program priorities, and no overall planning is carried out at the state or city level.

Information gathered by the Subcommittee staff through telephone interviews with regional, state and local administrators and nutritionists, as well as a 1977 Report of the Massachusetts Nutrition Board, The Status of Nutrition and Nutritional Services, indicated the following:

(1) While there are four leading universities in the City of Boston which offer education in foods and nutrition and are considered international centers for nutrition education and research, not a single medical school or teacher training program in the city (or state) requires nutrition education for their students.

(2) The Food Stamp Program, budgeted at $1.9 million for administrative support of the program in Boston, does not employ a nutritionist and spent only 4% of available funds on nutrition information for Food Stamp recipients in FY '77.

(3) The Cooperative Extension Service, although mandated to provide nutrition education for the general public, which numbers 636,725 in Boston, reported 15,000 individual encounters in FY '77, but could not identify the number reached with food and nutrition information or the investment in this area of work, reporting only that 1.5 home economics extension agents service the Boston area via: individual consultations, food demonstrations, telephone information, a monthly Spanish TV broadcast, a bi-monthly column in a Spanish-language newspaper, and workshops for Chinese-speaking mothers and food service workers.

(4) The EFNEP program reaches 2% of eligible households in the city. The 1500 EFNEP families are serviced by 2 nutritionists and 20 community aides who provide nutrition education at 100 sites through one to one counseling, group discussions and youth activities.

(5) The WIC program in greater Boston reaches only 10% (10,500) of eligible low-income women, infants, and children considered medically vulnerable. Seventeen nutritionists and aides counsel WIC program participants on a one to one basis, on the average of twice a year.

(6) The Boston Nutrition Program for the Elderly (Title VII) reaches 8,800 elderly, a startlingly low 8% of eligible individuals 60 years or older. Only 4% of the program's $1.2 million was spent on nutrition education in FY '77. One staff nutritionist serves 40 sites, offering one to one counseling, shopping assistance and group discussions.

(7) Low-income pre-school children, between the ages of 3 and 6, are eligible for the Headstart program, which offers education and nutritious meals and snacks. Only 17% of the eligible population is served (1500 children) in Boston, and one nutritionist is responsible for providing nutrition education and training of staff, food service workers and parents in all 27 sites.

(8) To the Subcommittee's knowledge, there is no available compilation of information on the extent of nutrition education activities in Boston schools. The Commonwealth, however, has provided in-service nutrition education for 1000 teachers in the state since 1976, developed/curricular materials and conducted some parent, community, and school food service worker sessions. In the Boston area alone, there are 70,000 pupils and 5,500 teachers.

In summary, despite mandated nutrition education services in many federally-supported food and nutrition programs, inadequate funding, staffing and planning has severely limited these efforts. The average consumer has been all but ignored. Few programs emphasize diet concepts critical to health maintenance. There are no highly visible, aggressive methods used to interest, attract or motivate the vast majority of Boston residents to develop a working knowledge of nutrition. Despite the celebrity of Boston's nutrition community and its historic role in contributing to progress in nutrition science, nutrition education is little seen and heard. The least efficient media and methods are used by programs. The subjects of greatest consumer concern appear to be given little or no attention. Consumers have little opportunity to influence the shape or content of programs. Evaluation is practically non-existent. Duplications of services and gaps in efforts are apparent. Motivation and persuasion is not systematic. Children and the elderly are given short shrift.

USDA SUPPORTED PROGRAMS

I. Extension Food Nutrition Program

Only 1 program in Boston, Cooperative Extension, serves the general public, as part of a home economics program. This program is mandated to help people identify and solve farm, home and community problems. Nutrition education activities in Boston are conducted by 1-1/2 county home economic agents. These activities include individual consultations, group food demonstrations, telephone information services, monthly mass media T.V. programs for Spanish speaking viewers, 4-H youth activities and nutrition education for Chinese speaking mothers and food service workers.

Information was not available for the amount spent on nutrition education, but a total of $300,000 federal dollars was spend on overall extension activities. In 1977, a total of 15,000 extension encounters were reported. The population of metropolitan Boston, as of 1975, was 636,725.

II. Expanded Food and Nutrition Education Program [EFNEP]

EFNEP is one of the two federally funded programs specifically designed to serve low income households. The legislative mandate for EFNEP authorized Extension to help families living in or near poverty, especially young children, to acquire knowledge, skills, and changes in food behavior necessary to achieve adequate diets.

In Boston, there are approximately 78,000 households below the poverty line, and approximately 228,000 individuals.

EFNEP reaches approximately 1500 low income households, which is only an estimated 2% of the eligible families. There are only two nutritionists and 20 community aides providing nutrition education services in 100 sites. Techniques used are 1 to 1 counseling, group demonstrations and youth activities.

III. Food Stamp Program

The Food Stamp Program, which is administered by the Food and Nutrition Service of USDA, is specifically mandated to serve low income households. Section 10(a) of the 1964 Food Stamp Act, states that all practicable efforts should be made in administration of the Food Stamp Program to insure that participants use increased purchasing power to obtain foods most needed in the diet.

In Boston, Food Stamps reach an estimated 153,000 individuals which equals 66% of the eligible population. The total budget for administration is 1.9 million dollars, 50% of which are federal dollars. Seventeen certification sites service the City of Boston, and employ 344 eligibility workers. Although there are no nutritionists employed in Boston locally, the Commonwealth Office does have a nutrition specialist on staff and is involved with the development and distribution of information flyers and kits for local participants and staff. Four percent, or $67,615 of USDA administrative funds, are earmarked for Food Stamp nutrition education.

IV. WIC - Special Supplemental Feeding for Women, Infants, and Children

WIC is one of two local programs providing nutrition education to women and children as part of total health services. WIC, administered by the Food and Nutrition Service of USDA, has a specific legislative mandate to provide nutrition education.

The eligible population for the WIC program in metropolitan Boston is an estimated 110,000 pregnant and lactating women, and infants and children, age 0-5 years. Eleven agencies deliver WIC services at 24 sites in metropolitan Boston, reaching 2,004 women, 2,457 infants and 6,038 children. This represents a total of 10,499 individuals or approximately 10% of the eligible population. Seventeen nutritionists counsel all WIC participants, providing one to one counseling, approximately once every six months. Approximately $500,000is available for nutrition education annually.

V. The School Lunch Program, School Breakfast Program, Summer Food Service, and the Nutrition Education Program

These programs are administered cooperatively by USDA, the Massachusetts Department of Nutrition, Education and School Food Service, and local education agencies or institutions.

There are an estimated 1.3 million school age children in the State of Massachusetts, with 117,000 in the Boston area.

The estimated budget breakdown in Massachusetts, provided by the Massachusetts Nutrition Board report, for these programs in FY '77-'78 is as follows:

	Total (Million $)	Federal (Million $)	State (Million $)
School Lunch	57	35	8
School Breakfast	5.7	3.5	1.5
Summer Food	2.7	2.6	None
Nutrition Education and Training	112,000	78,000	22,000

In the State of Massachusetts in 1975-76, approximately 648,000 children from 2,578 schools participated in the School Lunch Program. Approximately, 115.5 million meals were served, 37.5 million of which were at reduced price or free. The School Breakfast Program reached 50,750 children from 624 schools, serving an estimated 8.6 million breakfasts. Approximately 7.5 million of these meals were free or at reduced cost. Summer feeding served approximately 49,000 per day. Since 1975-76, these figures have all increased. No separate figures were available for the Boston area at this time.

The Nutrition Education and Training program focuses on teacher education and food service training, as well as parent and community education. Education and workshop activities which are conducted by the State include:

Year	Activity	Frequency (Hours/sessions)	Target Population	Number Participants
1975	Interest Promotion Programs	48 sessions	Teachers	1,755
1976	Workshops	31 @ 12 hrs.	Teachers	1,040
1976-77	School Food Service Training	19 (6 hrs.)	School food service personnel and administrators	2,173
1976-77	Community Education	28 sessions	Parents, Professionals, community members	Unavailable

DHEW SUPPORTED PROGRAMS

I. Nutrition Program for the Elderly (Title VII)

One program, the Nutrition Program for the Elderly, provides nutrition education for the elderly as part of congregate meals and home feeding programs.

Of the eligible population, [112,000 individuals 60 years of age or older] in Boston, 8,800 or 7.8% are considered regular program participants. Federal funding of the Boston program is $1.2 million for FY '77. An estimated $48,000 (4%) is spent annually on nutrition education.

Two staff nutritionists service approximately 40 sites in metropolitan Boston. Activities include 1 to 1 and small group counseling, group shopping trips, lectures and films for group meetings.

II. Maternal and Infant Care, and Children and Youths (Title V)

The objectives of these two Title V programs are to provide comprehensive health care for low income, pregnant and post partum women, children and youths [0-21 years old].

The 1977 federal budget for Title V in Massachusetts was estimated at $3.5 million. Boston figures are unavailable. At least 14 sites are serving the Boston area, and 7-1/2 local nutritionists are employed to provide education services. Individual consultations and group sessions are springboards for nutrition education, and state developed materials are used. The size of the eligible population and the extent of participation is unknown. There were, however, 500,000 MIC encounters and 100,000 C & Y encounters in 1977. The number of specific nutrition encounters cannot be stated.

III. Head Start

The Head Start program of the Office of Child Development services children between 3 and 6 years of age, from disadvantaged and low income families. Food, is provided as well as assistance for the staff, child and parent in understanding the relationships between nutrition and health.

The estimated eligible population in Boston is 9,000. Approximately 1,500 children participate, or 17%. HEW allocates $3.2 million to Boston, and USDA provides an additional $110,000 for supplementary foods. Approximately $13,000 is earmarked for nutrition education, the salary of one nutritionist.

Services are provided in Boston's 27 Head Start sites, and activities including training of educational staff and food service workers and parent education workshops.

SUMMARY

It is clear that nutrition education in Massachusetts falls short of community needs. The people of Massachusetts, are not being adequately served by federal food and nutrition programs which are understaffed, underfinanced, and place low priority on nutrition education activities.

Consumers and local program staff look to the federal government for aggressive leadership in promoting the public health through diet improvements, a responsibility which the federal government seems either unable or unwilling to provide. The federal nutrition education effort is failing our local communities because:

1. Nutrition education is not mandated in many food and nutrition programs and funds are not specifically earmarked to provide these services;
2. Programs do not require that adequate staff must be employed to provide nutrition education;
3. Federal leadership and guidance in nutrition education is weak and ineffectual;
4. No mechanisms of coordination and cooperation have been provided;
5. The most effective channels of public information, the mass media, are ignored;
6. Little effort is made to improve nutrition education by consumer participation in program planning and evaluation.

The Commonwealth of Massachusetts
Department of Education
BUREAU OF NUTRITION EDUCATION AND SCHOOL FOOD SERVICES

31 St. James Avenue, Boston, Massachusetts 02116

TESTIMONY FOR THE PUBLIC HEARING ON "FEDERALLY SPONSORED NUTRITION EDUCATION AT THE COMMUNITY LEVEL"

FANEUIL HALL
NOVEMBER 7, 1977
PRESENTED BY JOHN C. STALKER, DIRECTOR

I am speaking as Director of the State Bureau responsible for the administration of federally and state sponsored Child Nutrition Programs in Massachusetts. These programs range from School Breakfast and Lunch through Child Care, Donated Food Distribution and Nutrition Education. One might say that our concerns for good nutrition cover ages from cradle to senior citizens, as we also administer state elderly feeding programs through school food services.

We are happy that this prestigious panel, chaired by Congressman Fred Richmond and hosted by Congresswoman Margaret Heckler, chose Massachusetts as a Hearing site for "Federally Sponsored Nutrition Education at the Community Level." It is fitting to be speaking here in Boston, the cradle of liberty in America, because Massachusetts is truly the cradle of nutrition education in America.

We are dismayed to hear and read of the remarks directed to the lack of nutrition education without a recognition of the efforts and achievements made to date by some states and community groups and individuals. Massachusetts is one of two states to create a nutrition board by legislation for coordinating food and nutrition programs. It was the first state to establish a nutrition education section within the Department of Education and to employ nutrition education specialists; to mandate school lunch and breakfast programs; and to initiate elderly feeding programs through schools. Massachusetts is the birthplace of ACT, a nationally known organization dedicated to improve the education of our children through television. Although there is much to be accomplished to better national eating habits, we believe that Massachusetts has made a commendable start.

Today, however, my remarks are mainly directed toward Nutrition Education in schools and child care centers, which is administered by my Office. Our goals echo those of the 1969 White House Conference. We promote Nutrition Education as an integrated, sequential part of the curriculum for pre-school as well as for grades kindergarten through 12 and advocate good school food service programs which provide learning experiences to implement the nutrition knowledge received in the classroom.

In 1969, the Department of Education through my Bureau conducted a dietary assessment of 80,000 Massachusetts public school children to demonstrate the need for nutrition education programsto establish the value of school feeding programs, and to motivate interest in these programs. (A reprint from the School Foodservice Journal and summary brochure of the survey are included with this testimony - Exhibits A and B.) This year, the Department is reassessing the Central Massachusetts Educational Region to evaluate changes in eating habits which may be due to breakfast and lunch mandates, USDA regulation amendments, and/or nutrition education. Hopefully, the assessment will be expended state wide in 1979.

The Nutrition Education Section of my Bureau, established by Massachusetts legislation, provides services to local educational agencies as well as to parent, community, and allied professional groups. These services include in part the following:

1. Teacher handbooks for nutrition education: FOCUS ON NUTRITION, Grades K-6; and FOCUS ON NUTRITION, Grades 7-12; and NUTRITION EDUCATION - A COOPERATIVE EFFORT; with consultant service for their use (Exhibits C, D, E, F, G).
2. Promotional programs for teachers to show need and motivate interest in nutrition education.
3. In-service nutrition education workshops for elementary and secondary school teachers, with increment credit if authorized by the local school administration (Exhibit H).
4. Programs and workshops for school food service personnel to update nutrition knowledge and promote cafeteria/classroom projects in nutrition education (Exhibits I and J).
5. In-service nutrition education courses for food service personnel.
6. Programs/workshops for PTA, civic groups and allied professional groups.
7. Consultant services for student activities concerned with nutrition and food (Exhibit K).
8. Resource consultants for health curriculum or integrating nutrition education into other disciplines.
9. Cooperative development of teaching aids (Exhibits L, M. N. O).
10. Research, surveys, and other projects to assess current nutritional needs and to evaluate educational programs.
11. Consultants services to correlate nutrition education within the Department of Education and with other public and private agencies and individuals.
12. Clinical experience in nutrition education for undergraduate and graduate students.

To date, federally sponsored nutrition education through Child Nutrition Programs has been optional -- recommended but not required. Massachusetts has been pretty much on its own. It has been hampered by lack of funds and insufficient staff. Despite these obstacles, since 1971, we have conducted 300 workshops reaching more than 8,500 people, and 400 programs reaching 25,000 persons. Through our teacher programs and workshops, we have a potential of 275,000 students exposed to some nutrition education.

We are happy to hear that HR 1139 has been adopted by Congress and hope that it will be signed by President Carter. This Bill should provide the funds and authority needed so that nutrition education can be more fully implemented, not only in Massachusetts, but throughout the Country. We are fully aware that this legislation as currently approved provides that the monies appropriated may be used for pilot demonstrations, various projects, testing, evaluation of curricula, planning and assessment grants and other related activities. However, we believe that there have been more than enough studies in nutrition education nationwide so that with the exception of states having to develop their individual state nutrition plan and needs assessment that the bulk of the funds available should be spent on qualified nutrition educators who can immediately get on with the job of providing sound nutrition knowledge to teachers, children, parents, food service employees, and the public in general. To the end that in the next decade the diets of all persons in the United States will have improved rather than declined further as they have for the last two decades.

However, nutrition education in schools will not succeed unless all foods offered during the school day are those that promote good health. The proposed dietary goals of less salt, sugar and fat are laudible, but must apply to a la carte foods as well as to the USDA meal pattern. They must apply to the entire school day and not just the lunch hour. In addition, Congress cannot expect school food service programs to decrease the fat, sugar and salt intake of menus if at the same time it is urging schools to imitate their competitors --- the fast food shops --- or are supplying donated foods high in fats and sugar.

Nutrition education in schools will not succeed unless school administrators support good school food service programs as a vital part of the school health program. Only nutritious foods should be sold in competition to the USDA meal, and the money from these sales should be used to improve the school lunch --- not to buy band uniforms or support a class trip. Nutrition education in schools will not succeed unless it is also extended to the parents. You cannot expect children to accept low salt or fat diets in school if they are using these items at home. You cannot expect children to eat unsweetened cereals in school if they are not eating them at home.

To succeed, nutrition education must be a cooperative effort of the school, home and community --- and must have the active and financial support of the federal government. Therefore, we wish to express our appreciation to Representative Fred Richmond and his committee for holding this hearing and request that they give every consideration to the implementation of HR 1139, to the use of the funds for nutrition education specialists throughout the Nation, and to their support in improving Child Nutrition Programs.

p1

VII

Massachusetts Title VII Project Directors Association

264 Exchange St.
Chicopee, MA 01013

November 22, 1977

Rep. Frederick W. Richmond - Chairman
Subcommittee on Domestic Marketing,
Consumer Relations, and Nutrition
House Agriculture Committee Office
Room 1301
Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Richmond:

The Massachusetts Title VII Project Directors Association's Food and Nutrition Committee in conjunction with the State Department of Elder Affairs appreciates this opportunity to provide input into the formal record of hearings on how to provide effective and efficient nutrition education at the community level. The focus of our suggestions is on the elderly population. Although, we acknowledge that traditional nutrition education is beneficial to some representatives of our elderly population, our premise is that traditional forms of education (i.e. developing and disseminating educational pamphlets, multi-media packages and delivering platform lectures) have not been successful in general. Traditional educational approaches have had only minimal success in drug abuse, alcoholism and smoking education programs. As a consequence, we feel that non-traditional educational approaches must be advanced in order to affect behavioral changes in dietary habits of our elderly population.

What follows is a series of suggestions for nutrition education at the community level which we will present in two parts; part I - traditional educational approaches; partII - non traditional approaches.

Part I - Traditional Educational Approaches

(1) Title VII of the Older Americans Act is designed to provide meals and supportive services to target elderly. One of the mandated supportive services is nutrition education. The bulk of these federal monies have gone directly into providing meals and not to education. What we suggest is to provide additional monies to Title VII programs specifically for the development of an effective nutrition education component.

- to hire a full time Registered Dietitian for each Title VII project in order to implement an on-going nutrition education program at each congregate site.

- to purchase and disseminate nutrition education materials. (i.e. pamphlets, postors, films, slides, audio-visuals) for use at congregate sites.

(2) Many State and Federal nutritional services seem to be available at the community level (i.e. consultants, trainers, curriculum materials, educational materials and media). We are frustrated in that we feel unaware of such services that might be extremely helpful in carrying out our goals. We suggest a better communication of efforts among and between federal and state agencies.

- to develop a clearing house for the collection and dissemination of nutrition education materials.
- to develop a resource bank of successful nutrition education model programs along with resource people to communicate these models.
- to develop a consistent plan to implement the already established national dietary goals.
- to make U.S.D.A. food commodities consistent with these dietary goals by eleminating heavy sugary syrups and highly processed meats.
- to encourage Cooperative Extension programs to develop more nutrition education courses which are relevant to the needs of the elderly.
- to develop curriculer materials relative to the nutritional needs of the elderly which are free of charge to publically funded programs such as Title VII.

(3) Recently food companies have become increasingly responsible in printing ingredients of their contents on labels. However, there is still room for improvement on labeling and in consumer information.

- to provide labeling information which is readable (large print size), and understandable to the elderly consumer.
- to produce standardized sized containers which would facilitate easier comparison shopping especially necessary for elders on fixed incomes.
- to provide clearly marked unit pricing (in large print) on supermarket shelves.

Part II - Non-Traditional Approaches

(1) The causes of nutritional problems are multi-faceted. A close scrutiny of the elderly reveals that poor nutritional practices are consequences of more subtle problems of loneliness, isolation, depression, sensory deprivation and the onset of physical disabilities. Traditional nutrition education treats symptoms not causes. We suggest that programs be established to deal with the causes of nutritional self-neglect. Provide additional monies and/or resources to the Title VII program specifically

- to establish friendly visiting programs to combat loneliness.
- to provide more extensive outreach to identify isolated elders.

- to provide mental health services at Title VII congregate sites.
- to develop consciousness-raising groups to help elderly cope with problems of aging.
- to develop a nutrition clinic at each site to provide nutrition counselling on a one-to-one basis (as follow-up to mental health and health screening activities).

(2) One of the biggest drawbacks in providing nutritional education is lack of sufficient resources -- that is, human, material and institutional. In addition to the direct funding of monies for providing sufficient resources, we suggest that the Federal government provide attractive incentives to institutions of higher education and food-related industries in order that we may tap resources at the community level.

- to encourage institutions of higher education to provide community-based nutrition education through supervised student internship experiences at the congregate sites and for home-bound elderly. Such programs would involve faculty and students from Nutrition, Dietetics, Home Economics, Allied Health Departments. These field experiences would involve one-to-one nutrition counselling, nutrition and consumer courses, and health screening.
- to encourage food-related industries to provide nutrition education and nutrition services in their stores or through their consumer affairs departments. Home economists could be available to help elderly customers with menu planning, best buys, unit pricing information, shopping assistance for one, etc. Food industries might make available nutrition information through multi-media and a speakers bureau. Food industries might develop and promote at a low cost to elderly a 3-day shelf-stable food package for use during emergency situations.

The above suggestions are a synthesis of the ideas of the Title VII project directors throughout the State of Massachusetts and with the State Department of Elder Affairs. We feel committed to the development of a relevant nutrition education component of our program and offer our further assistance in the development such a program nationally.

Respectfully submitted by:

The Food and Nutrition Committee
of the Massachusetts Title VII
Project Directors Association
Lois Aronstein
Janet Clark
William Evans
Elliot Feldman
Ron Joseph
Dianne McAllister

In conjunction with

The Department of Elder Affairs
Joanne Sontheimer - Nutritionist

Community BOSTON, MA 02203
Services Administration

15 NOV 1977

Honorable Fred Richmond, Chairman
Subcommittee on Domestic Marketing,
Consumer Relations and Nutrition
U.S. House of Representatives
Longworth House Office Building, Room 1301
Washington, D.C. 20515

Dear Congressman Richmond:

As follow-up to your letter of October 28, 1977 and my interim reply of November 10, 1977, enclosed is a written statement on the role of the Federal Government in nutrition education for inclusion in the record of the hearings of the House Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition.

I wish to point out that the study, the Role of the Federal Government in Nutrition Education, prepared by the Congressional Research Service of the Library of Congress, did not include reference to CSA's Community Food and Nutrition Program (CFNP) in its inventory of Federal programs involved in nutrition education. The enclosed statement describes the purposes of this program, provides examples of CFNP grants involving nutrition education, and lists several recommendations for improving Federal nutrition education activities.

If I can be of further assistance, please contact me.

Sincerely,

Ivan R. Ashley
IVAN R. ASHLEY
Regional Director

Enclosure

COMMUNITY SERVICES ADMINISTRATION: COMMUNITY FOOD & NUTRITION PROGRAM

The Community Services Administration (CSA), through the Community Food and Nutrition Program (CFNP), is interested in assisting in Federal Government programming to provide efficient and effective nutrition education at the community level to the low income population. As the advocate for low income people in the Federal government, our agency is working closely with other Federal agencies in Region I, as well as state and local community groups, to try to bring about improved responsiveness of Federal food programs to the needs of low income people.

Legislative Authority

Section 201(a) of the Community Services Act of 1974 describes the purpose of Title II of the Act, under which CFNP grants are authorized. It states:

> "Its specific purposes are to promote, as methods of achieving a better focusing of resources on the goal of individual and family self-sufficiency--"
>
> (1) the strengthening of community capabilities for planning and coordinating Federal, State and other assistance related to the elimination of poverty;
>
> (2) the better organization of a range of services related to the needs of the poor;
>
> (3) the greater use, subject to adequate evaluation, of new types of services and innovative approaches in attacking causes of poverty;
>
> (4) the development and implementation of all programs and projects designed to serve the poor or low-income areas with the maximum feasible participation of residents of the areas and members of the groups served;
>
> (5) the broadening of the resource base of programs directed to the elimination of poverty.

In addition, Section 222(a)(5) authorizes:

> "A program to be known as 'Community Food and Nutrition' designed to provide, on an emergency basis, directly or by delegation of authority pursuant to the provisions of title VI of this Act, financial assistance for the provisions of such supplies and services, nutritional foodstuffs, and related services as may be

> necessary to counteract conditions of starvation or malnutrition among the poor. Such assistance may be provided by way of supplement to such other assistance as may be extended under the provisions of other Federal programs, and may be used to extend and broaden such programs to serve economically disadvantaged individuals and families where such services are not now provided..."

Policy

The Community Food and Nutrition Program is intended to reduce the incidence of hunger and malnutrition among the poor and to improve their nutritional status. Its programmatic activities are designed to monitor and improve the operations of existing feeding programs; develop self-help and/or alternative food production and distribution methods; and provide direct feeding support. CSA's focus is on assisting in linking the most needy poor with opportunities provided by food and nutrition programs, not to create duplicative or competing services. CSA believes that the best method to achieve this end is to facilitate and advocate for necessary changes which will improve or will achieve fuller utilization of existing food and nutrition programs. Funds may be used to disseminate food and nutrition information, conduct education programs relating to feeding, supplement or improve other Federally funded feeding programs and represent the interests of the poor in public proceedings involving nutrition policy.

Through the Community Food and Nutrition Program in New England, statewide food advocacy groups and Community Action Agencies have demonstrated unique ability to reach the low income population; help enroll them in Federal food programs; advocate to effect changes in policies and regulations of Federal and state agencies; and develop innovative feeding and nutrition education and information dissemination projects for demonstration purposes. Following are a few examples:

1. Table Scraps - the food and nutrition advocacy newsletter disseminated regionwide by the Mass. CAP Emergency Food Services Project in Framingham, Massachusetts.

2. Project FEAD's (Connecticut) Nutrition Education component which, for example, improved nutrition education in the Summer Feeding program by getting University of Connecticut Nutritional Sciences Department University Year for Action students, hospital-based dietetic interns and trainees, and Cooperative Extension Nutrition aides involved in local Summer Feeding programs sponsored by Community Action Agencies.

3. The Consumer Helper Project, sponsored by the Franklin County Community Action Agency in Maine, provided University of Maine, Farmington, dietetic technician students to work in two Farmington supermarkets to answer shoppers' questions on the best nutritional value for dollars spent. As a result of this demonstration project, the University incorporated the program into their home economic curriculum.

At the Federal Regional level, our agency has worked closely with USDA/FNS and HEW/AoA both on a direct basis as well as through a broader inter-agency Nutrition work group, which our office initiated a year ago. The Region I Federal Nutrition Work Group was set up to improve the coordination of Federal Nutrition Programs in New England, avoid duplication, fill gaps in services, and develop joint pilot projects to improve services delivery. Representation includes staff of CSA, USDA/FNS, HEW/AoA, HEW/M&C, HEW/OCD, HEW/HCFA (EPSDT), FDA, USDA/Extension, and HEW/Long Term Care. Activities undertaken to date include a cataloging of Federal nutrition program funding in Region I and planning for a conference on Regional nutrition policy for New England.

Through close coordination with Regional USDA/FNS, CFNP-funded New England Nutrition Committee and CNI we co-sponsored four Child Nutrition Workshops around New England the week of November 14, 1977 which brought together consumers, advocates, nutrition educators, school food service personnel, and state and Federal agencies to develop strategies to increase participation in the School Breakfast Program and improve the quality of the School Lunch Program. Additional workshops are planned on Nutrition Education, Food Stamps, WIC and self-help projects.

Recommendations

We submit the following recommendations for the Federal government to assist in providing more efficient and effective nutrition education at the community level:

1. A goal for the next five years should be the development of a National nutrition policy, the guidelines for which were outlined in a working paper of the Senate Select Committee on Nutrition and Human Needs.

2. A Federal Inter-Agency Nutrition Work Group should be re-established to address the problems of fragmentation highlighted by the study prepared for your Committee and develop recommendations for a National nutrition policy. A lead agency for the Work Group should be designated.

3. The study, "Dietary Goals for the United States" of the Senate Select Committee on Nutrition, should be used as guidelines for Federally funded nutrition education programs and activities (specific programs aimed at a target population, such as WIC, may require different nutrient requirement).

4. Many of the recommendations of the Final Report of the White House Conference on Food, Nutrition and Health are still valid as a blueprint for actions by the Federal Government. In particular, recommendations of Panel IV-4: Popular Education and How to Reach Disadvantaged Groups, are relevant to your Committee's objectives on nutrition education and needs of low income people; for example:

   a. Recommendation No. 1 - "Adequate food supplies for the poor are essential before good nutrition is possible."

      Federal policies which guarantee an adequate income and access for low income families to participate in Federal food programs, etc., are needed because before there can be adequate nutrition, there must be food.

   b. Develop and execute a bold, vigorous program in nutrition education through the mass media.

   c. Strengthen the laws requiring public service time on radio and television.

   d. Use the mass media to train neighborhood leaders to bridge the communications gap between the experts and the disadvantaged.

   e. Use food delivery systems as aids in education.

5. Improve integration of the USDA/Extension Service Expanded Food and Nutrition Program (EFNEP) with USDA/FNS programs - Food Stamps, WIC, etc.

6. Provide increased appropriation for CSA's Community Food and Nutrition Program for Research and Demonstration projects to test models for providing improved nutrition education to a larger segment of the low income population. Model projects could include: the use of food coupons to stimulate the consumer to purchase fruits and vegetables and to educate the consumer as to the nutritional value of these foods; the use of point-of-purchase information techniques (posters, pamphlets, videotape cassettes and working demonstration); conducting an intensive media campaign in an urban area; joint training of EFNEP and CFNP-funded Community nutrition aides and coordinators and development of career ladders for these para-professionals.

COOPERATIVE EXTENSION

MIDDLESEX COUNTY EXTENSION SERVICE
105 EVERETT STREET
CONCORD, MASSACHUSETTS 01742

TELEPHONES
[illegible]
[illegible]

November 25, 1977

Fred Richmond, Chairman
Subcommittee on Domestic Marketing
Consumer Relations and Nutrition
Committee on Agriculture
U.S. House of Representatives
Room 1301 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Richmond:

I had the pleasure of attending the hearing of your committee held on November 7, 1977 at Faneuil Hall, Boston, Mass. It was very informative to listen to the various expert witnesses in the field of Nutrition speak to your committee.

Basically, it is my understanding that the attention of your committee is directed to the many federal programs which deal with nutrition education. As the Director of the Middlesex County Extension Service, I would like to make a few comments about the administration of the Expanded Food and Nutrition Program, and the general nutrition program which are conducted in this county.

First, the Food and Nutrition Program has been operating in this county for six years and it operates fully in the guidelines of the federal government. It has accountability to me as a Director of County Extension because one of the county home economists provides all the leadership for the Expanded Food and Nutrition Program in Lowell.

On the other hand, the University of Massachusetts provides the full time employment of the nutritionist at the Food and Nutrition Program in Somerville. In both of these situations I feel the Expanded Food and Nutrition Programs to be accountable in every possible way, and with the coordinated approach of the University and local County Extension Service, we have from time to time evaluated the Expanded Food and Nutrition Program, and the fact that it has met all the guidelines of the federal legislation.

General Nutrition: The general nutrition education that is provided by this county office is in a federally funded program and it must be noted that this county office provides nutition education to many segments of the county as part of our regular programming.

In addition to the above to our regular 4-H program we are providing nutrition information to some of the local school systems by way of "Mulligan Stew".

At this time I would like to make the following recommendations and that is,

AN EDUCATIONAL SERVICE TO THE PUBLIC CONDUCTED IN COOPERATION WITH THE
UNITED STATES DEPARTMENT OF AGRICULTURE AND THE UNIVERSITY OF MASSACHUSETTS.
"AVAILABLE TO THE PUBLIC WITHOUT REGARD TO RACE, COLOR OR NATIONAL ORIGIN"

the Extension Service at the county level be looked upon as the educational arm of any federal nutrition program because:

1) We have the local media contacts for distribution of nutrition information.

2) We have the personnel in place that can coordinate and evaluate nutrition programs.

3) The local County Extension Service knows its community and are in a better position to serve that community.

In conclusion, I would like to commend this committee for looking at this problem, and indicate to you that the Middlesex County Extension Service is very willing to cooperate with your committee now and in the future.

Sincerely,

Edward G. Connolly

Edward G. Connolly, Director
Middlesex County Extension Service

EGC:ro

Pioneer Valley — Berkshire Region
COOPERATIVE EXTENSION SERVICE
BERKSHIRE • FRANKLIN • HAMPDEN • HAMPSHIRE COUNTIES

Hampden County Extension Office
1499 Memorial Avenue
West Springfield, Mass. 01089
Phone 736-7204

University of Massachusetts and U.S. Department of Agriculture Cooperating

November 18, 1977

Mr. Fred Richmond
Chairman
Subcommittee on Domestic Marketing
Consumer Relations and Nutrition
House Agriculture Committee Office
1301 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Richmond:

Thank you for the opportunity to write about our local Cooperative Extension Food and Nutrition education program as well as voice our concerns.

As you know Margaret Randall, Massachusetts State Program Leader for Expanded Food and Nutrition Education Program, has written regarding our overall state Food and Nutrition program. This is an educational program designed to meet the needs of people with programs planned by citizens and professionals working together. It has a unique base with resources from U.S.D.A., the University of Massachusetts and the county staff cooperating.

In Hampden County the Home Economics Extension program encompasses broad subject matter areas: Human Development and Family Life, Textiles, Clothing and Environmental Art, Consumer Education, Foods and Nutrition. This provides a coordinated base of information for all participants in our program and strengthens what we can accomplish with our audiences. Our comments, however, will relate more specifically to foods and nutrition.

In the foods and nutrition area we reach a variety of audiences using many different techniques.

A. This past year a weekly newspaper column "Supermarket Strategy" provided consumers with information on purchasing food, preparing meals, nutrition facts, food safety. The articles appeared weekly in the Springfield Union which has a circulation of 74,812. Requests for information showed that the articles were read, were timely and were helpful. (See attached sample.)

"The Cooperative Extension Service is an equal opportunity/affirmative action employer with all activities open to the public regardless of race, color, or national origin"

OTHER COUNTY OFFICE PHONES: (BERKSHIRE) PITTSFIELD 448-8285; (FRANKLIN) GREENFIELD 773-2902 or 2903; (HAMPSHIRE) NORTHAMPTON 584-2556.

B. Various estimates show 42-45% of the married women in Massachusetts work outside the home. Packets and correspondence courses sent directly to the home provide basic foods and nutrition education, and are one appropriate way to reach the working woman. In response to requests for information on ways to make "mixes" at home, a packet was developed and offered to the public. Six hundred forty nine (649) requests were filled. Subsequent evaluation showed that the information was used and had saved recipients money.

C. A monthly newsletter "All Around the Home" (see attached) is available free of charge upon request. It features current consumer and homemaking information plus a calendar of current Extension Home Economics programs.

A weekly Coffee Break newsletter (see attached) for low-income families focusing on good family relations and consumer practices is available free of charge to the public. Many EFNEP families receive this newsletter as well as All Around the Home.

D. A 1973 survey in the city of Holyoke showed 20% of the residents were over 60 and 15% were over 65. The Holyoke Transcript, a daily paper, with distribution of 29,300, publishes a large print page two times a week. The Extension Home Economics program provides two articles per month for this specific target audience. Topics range from foods and nutrition to energy saving ideas. A recent article on high blood pressure offered a list giving the potassium content of foods. Within three weeks we received 126 requests. The articles provide timely, factual information.

The Expanded Food and Nutrition Education Program (EFNEP) which is an intensive nutrition program targeted to low-income families is an integral part of our over-all program. In Hampden County from July 1976 to September 1977 this program reached 18[illegible] families, 2103 children participated in EFNEP youth activities with 325 volunteers participating.

Intensive educational efforts by nutrition aides with their clientele result in behavioral changes. Eating habits alter, food purchasing habits change, and health status improves. This continuing contact, first on a one-to-one basis and gradually on a small group basis, stimulates clients to recognize the importance and worth of education. They gradually reach out from their home to participate in other Extension or community activities; some complete their high school education; many encourage their children to stay in school; others work as volunteers in the community; some seek out work incentive programs; and many become tax paying citizens rather than remain on welfare rolls.

One of our former nutrition aides who was employed for 6 years worked with approximately 300 families. During this period she not only effectively taught nutrition to her clients, but encouraged individuals to seek out further educational opportunities, and to set personal and family behaviorial goals. As a result 98% of the children in eligible families participated in subsidized school food programs; 90% of eligible families purchased and used food stamps regularly; 40% of eligible families regularly used clinics and special medical facilities for specific general needs; 100% of homemakers were familiar with, and able to use three special help agencies beyond welfare as measured by their ability to locate by phone and/or visit; 53% of homemakers participated at least once per month in one or more community activities upon completion of her home visits; 29% of homemakers have returned to and attended regularly college, skills centers, GED program or the like to acquire skills needed for employment; 95% of homemakers have a good understanding of what foods should be eaten daily based on continuous periodic checks of their meals via sample food recalls showing 4-4-2-2; 85% of homemakers budget food dollars based on knowing their income and using the budget established during home visits; 17% of homemakers are now continuously employed as a result of skills acquired through previously mentioned programs or returned to the work force because of reinforcement gained in program.

Of the homemakers who are continuously employed, some are engaged in the following jobs; one is head of a local agency, another is a social worker; one is a University of Massachusetts para-professional legal aid working in social service agency in Springfield; two are medical assistant graduates now working for local doctors; one is a Skills Center secretarial graduate working at a local college as secretary to a department head; three are dental associates working for dentists in the surrounding area; six are office employees in local businesses; one is a Dental Hygienist working in the Springfield area; two are husbands now holding jobs after training in new job skills; one is a post graduate candidate at the University of Massachusetts.

Another nutrition aide wrote of the following two clients, recent graduates of the EFNEP program.

"Mrs. M. was a teen-age mother with a small baby. The baby's only food was milk and Kool-Aid which he drank from his bottle. Mrs. M. lived mostly on Coke and potato chips. Although she wanted to be a good mother, she was very ignorant of proper nutrition and had no experience in food preparation. Mrs. M. was an excellent pupil and soon was preparing casseroles and economical meals. Through visuals I showed her the nutritional difference between soda and Kool-Aid, milk and juice. On my occasional follow-up visits I have found Mrs. M. and her son happy and healthy and I feel she really follows most of what I taught her.

"Mrs. D's husband had left her suddenly with no money and a 3 year old son. When I first visited her (at the request of a neighbor) there was almost no food in the house. Mrs. D. had been brought up in a middle class home and was unaware of the agencies available to her. With my help, she applied for Welfare and Food Stamps. She also called WIC and the Housing Allowance Program. Mrs. D. was then able to be receptive to me and the nutrition information I had to offer.

Our nutrition aides themselves represent another example of human growth and personal development--a spin-off benefit of this program to the community. Yes, our aides have learned nutrition and teach effectively to their low-income clientele. In addition many have now obtained a high school education, some are taking college courses and one has obtained a college degree. Some of our former nutrition aides are: (1) a nutrition advocate for the local Farm Workers Council (2) a bi-lingual translator and nutrition resource for a local hospital pre-natal clinic (3) an employee of the local school system's Pregnant Adolescent Girl's Education Program (PAGE) working with the girls and providing appropriate luncheon meals for the girls and their babies.

We have the credibility of an established organization which has successfully delivered educational programs for many years. We have the organization and the staff in place and functioning successfully in nutrition education. To be able to reach more low-income families we need more nutrition aides at work in the community. This requires additional EFNEP funds which we know we can put to work quickly and effectively.

F. Other Foods and Nutrition educational programming includes: group meetings, cooperative projects with social service agencies, speaking to Head Start and day-care center parent groups, exhibits and displays in libraries, at health fairs, in local malls, at farmer's markets and other public locations, and radio programs.

As nutrition educators in the community we are proud of our program and it's accomplishments. We do have several concerns however:

(1) The term nutrition education has many connotations. Are we seeking long range behavioral change or are we seeking only to stimulate interest and heighten awareness through mass media efforts? To ultimately improve the nutritional status of the U.S. citizen, we need behavioral change.

(2) There needs to be agreement about who is a nutritionist and what training is required.

(3) If a federally funded program is to provide meals, either for adults or children, a professional nutritionist should be employed. The position should be built into the budget. Balanced meals need to be planned and served, food purchasing needs to be overseen, kitchens need to be appropriately equipped and clean. This cannot be done adequately by a cook or by a consultant who comes in 4 hours a week.

(4) Care should be exercised in allocating federal funds to community agencies that have the general goal of improving nutrition, but have little or no experience, training or scientific background in the subject area. This would help minimize the spread of misinformation which qualified nutrition educators constantly find themselves combating.

We are delighted to have this opportunity to outline our program thrusts, staff effectiveness and concerns about nutrition education. If we can provide additional information, feel free to contact us again.

Sincerely,

Diana C. Muller
Diana C. Muller
Extension Home Economist

Walter Melnick
Walter Melnick
Regional Extension Administrator

DCM/WM:mh - Encs.

UNIVERSITY OF MASSACHUSETTS

Cooperative Extension Service

COLLEGE OF FOOD AND NATURAL RESOURCES

U.S. Department of Agriculture and Massachusetts Counties Cooperating

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NUTRITION EDUCATION
IN THE
MASSACHUSETTS COOPERATIVE EXTENSION PROGRAM

Statement

for

SUBCOMMITTEE ON DOMESTIC MARKETING,

CONSUMER RALATIONS, AND NUTRITION

of the

COMMITTEE ON AGRICULTURE

U.S. HOUSE OF REPRESENTATIVES

Prepared by:

MARGARET RANDALL

STATE PROGRAM LEADER

Expanded Food and Nutrition
Education Program and
Volunteer Programs
Cooperative Extension Service
University of Massachusetts

Hearing: November 7, 1977

Massachusetts Cooperative Extension Service
University of Massachusetts, Amherst, MA

Dr. Gene McMurtry, Associate Director

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NUTRITION EDUCATION
in the
MASSACHUSETTS COOPERATIVE EXTENSION SERVICE

Thank you for the opportunity to present testimony concerning the nutrition education program of the Cooperative Extension Service in Massachusetts. In this state we have active Extension programs in all of the counties except Nantucket. In addition, there are 19 low-income target areas staffed by both professional and paraprofessional nutrition education staff. Due to the ethnic diversity of the population of the Commonwealth, our staff works with a clientele of varied cultural backgrounds, including Blacks, Whites, Spanish-, Portyguese-, French- and Chinese-speaking persons.

This statement has three major purposes:

1. To describe some unique features and strengths of the food and nutrition education program implemented by the Massachusetts Cooperative Extension Service,
2. To indicate some areas of concern in nutrition education, and
3. To recommend some steps we feel the Federal government could take to help improve the effectiveness of nutrition education efforts.

The Cooperative Extension Service uniquely blends the resources and expertise of U.S.D.A., land grant colleges across the nation, county governments and local people. It is an educational program designed to meet the needs of people. Programs are planned by citizens and professionals working together; therefore, programs may vary from county to county based on the local needs. The impact of combining forces from this network of resources has tremendous implication for accomplishing major tasks, including nutrition education.

Food and Nutrition is, and has been for many years, an area of major emphasis for Extension Home Economics and the 4-H and Youth components of the Cooperative Extension Service. Overall objectives of Extension's food and nutrition education program are:

1. To improve the health and nutritional status of individuals and families in the state,
2. To develop consumer expertise in the marketplace with regard to food buying practices and utilization in the home,
3. To encourage, where appropriate, home food production and preservation,
4. To provide information about the world, national and local food system so consumers can participate in the formulation of food and nutrition policies, and
5. To relay to the food and nutrition research community the information needs of consumers as they are identified.

The Extension Service uses current research in areas of nutrition and food as a foundation for development of its program. Different methodologies are used, depending on the program objectives and the knowledge level of the audience (i.e., meetings, home visits, short series, workshops, home study programs, radio, television, newspapers, newsletters, and other mass media efforts). In addition, members of the Extension staff serve, as time permits, as technical resources for other agencies and organizations at the county and state levels.

Since December 1968, special federal funding has been allocated to the Cooperative Extension Service to increase food and nutrition education among low income families. This program effort is called the Expanded Food and Nutrition Education Program (EFNEP). As part of the Extension Home Economics program, EFNEP focuses on the low income homemaker with young children. And, as part of the Extension 4-H program serving youth between age 9 and 19, EFNEP focuses on youth in low income communities.

CURRENT STATUS AND ACCOMPLISHMENTS

At the present time in Massachusetts the following staff have responsibilities for nutrition and food education:

- o Twelve full time and 24 part-time nutritionists or home economists.
- o Eighty-nine nutrition aides (57 full-time equivalents), working in EFNEP.

Current emphasis in our state's overall food and nutrition education program includes:

1. Food management, including the selection, planning and buying of food.
2. Lower cost protein alternatives.
3. Food preservation.
4. Food processing, additives and the consumer.
5. Maternal and infant nutrition.
6. Life cycle needs with emphasis on the preschool child, the school-age child and the older adult.
7. Current issues in nutrition.
8. Food production, including marketing and the effects of domestic and international food aid programs and how they affect our food policies.

Mass media are becoming increasingly important in Extension programming efforts in Massachusetts. Our ability to use this methodology effectively was demonstrated recently when two Extension shows on nutrition education conducted by Extension Home Economists in the Boston area resulted in over 4,000 requests from six states. Home economists have been requested to do regular television shows as well as prepare weekly newspaper columns. One staff member currently writes a bi-weekly column for a Spanish-speaking newspaper with a quarter-million circulation. In addition, some major newspapers in this state regularly rely on the expertise of Extension home economists to provide accurate, current food and nutrition information to their readers. Limitations in working with mass media stem largely from inadequate funding and personnel, for its potential value to education is clear.

Extension home economists are called upon to help countless groups of people learn more about a variety of food and nutrition related subjects. For example, 6,800 senior citizens received nutrition education from our professional staff at Title VII sites or senior centers across the state during fiscal year 1976.

Food preservation information, a topic of widespread interest, reached 17,400 Massachusetts citizens in fiscal year 1976, and 16,432 in fiscal year 1975 through workshops and demonstrations. (This does not include the people who received food preservation information through the media.)

Our staff receives numerous requests to provide information or consultation to train professional and paraprofessional staff, especially in areas of food and nutrition and home management. Groups such as Head Start, Homemaker Home Health Aides, Halfway Houses, are only a few we have worked with. We can fulfill some of these requests but demands are far greater than our current resources can handle.

In 4-H, 7,300 Massachusetts youth participated in its voluntary, nutrition education program. Particularly effective was the showing of the six-part "Mulligan Stew" film series with supplementary learning activities. There was also a series of projects designed as creative learning experiences with graduated levels of difficulty for children ranging from 9 to 19.

The Expanded Food and Nutrition Education Program, Extension's program for the low income population, is committed to improving the nutritional level of families. EFNEP does not supply financial aid or food supplements for participants. Instead, it provides information on nutrition, managing the food dollar, and making better use of the community resources.

EFNEP is a unique part of the Extension Service and employs teaching methods that research has shown work best with the low income audience. Paraprofessional aides begin working with homemakers on an individual basis and gradually encourage the homemakers to meet in small groups. At this point, using mass media effectively reinforces the aides' teaching. Also, top quality, creative promotional work can reach several audiences at the same time and thus serve multiple purposes. Certainly, the impact of media, especially television, in changing behavior of people cannot be discounted and should be explored.

The methods we use are effective in changing behavior and we have descriptive documentation to substantiate this fact. In addition, a recent evaluation of the Women, Infants and Children Program (WIC) done by the Urban Institute [1], cited EFNEP as an agency which uses several well-documented principles of nutrition education. Among them are:

1. Integrating nutrition education into the total program,
2. Having a clear grasp of the problems and situation of the individual homemaker,
3. Understanding the clients' lifestyle so that counseling is geared to their needs,
4. Suggesting gradual and more marginal changes, moving clients slowly to desired outcomes,
5. Being sure that each lesson can be applied in the clients own situation,
6. Keeping all teaching practical and simple, in terms that can be understood.

These principles are the foundation from which the indigenous aide begins working with the homemaker, with the support of the professional nutritionist.

In Massachusetts, EFNEP has made a difference in the lives of 10,551 homemakers and their families since the inception of the program in 1969. By 1977, active volunteers had taught 46,577 Massachusetts young people nutrition and food preparation skills. Also, the impact on the lives of aides in the program cannot be overlooked. Many have continued their education and received a G.E.D. (General Education Development) Certificate or have gone on to technical school or graduated from college. Many of our EFNEP aides have left the program for better jobs. All have grown from the knowledge and experience they gained in helping others to improve their nutritional status and to use local resources more effectively.

Extension has a comprehensive program planning process, which takes into consideration the growing concern of people at all levels for more effective nutrition education. As a result, plans are underway in the Massachusetts Cooperative Extension Service for programs with some new approaches to problem-solving. They include:

1. Exploring ways to capitalize on the current government-funded employment, educational or service programs (e.g. CETA) as a temporary program expansion opportunity.
2. Seeking contractual arrangements with other Federal agencies for Extension to perform the services for which we are qualified.
3. Continuing to document and evaluate our educational methodology so we can make necessary changes to strengthen our impact.
4. Experimenting with methods to reach the "working poor" while continuing our involvement with the "hard-core poor". We believe that among the "working poor" we may be able to reach more people more quickly and with more impact on their nutritional practices.
5. Developing innovative and creative literature and other media, as well as updating and revising current materials, so we can reach our clientele more effectively. Several items are in production, others are just being initiated.
6. Working toward greater understanding and identifying various agency roles in order to increase cooperation among the agencies involved in nutrition education in this state. This is a slow and time-consuming task. In Massachusetts, the regional nutrition hearings sponsored by the State Nutrition Board have provided an excellent beginning toward accomplishing this goal. Extension is actively supporting these efforts.

AREAS OF CONCERN

We recognize the following problems:

1. Inadequate recognition of what constitutes cost-effectiveness.

By Congressional mandate, EFNEP works only with low-income persons. Many sources verify that this phase of our work is very expensive. At least initially it requires direct instruction, in the home, on a one-to-one basis. Frequently the nutrition aide is, herself, a member of the target population, and is, therefore, particularly effective. However, she requires extensive preparation and supervision. Her work with an individual family normally requires from one to four visits per month over a period of one to two years.

Obviously, it requires intensive work to achieve even minimum goals with each family. But our experience has convinced us that no other less expensive or less intensive approach will achieve the desired behavior modifications among low income persons.

In contrast, Extension Service food and nutrition education programs with people not in the low income category appear to be much more cost-effective. These programs are conducted in groups and through mass media because this audience learns more easily from such approaches, and is able to apply the learnings more readily.

2. We are under-staffed.

Even though we try to operate efficiently, only a small percentage of the populations which should be receiving our services can be reached directly.

3. When addressing a specific problem, Congress has commonly established a new program or agency.

In doing so it has frequently included education as a secondary responsibility. Where education has been seen as the primary concern most assignments have come to the Extension Service. Many of the agencies which have received these secondary assignments have come to us for assistance, and as far as possible we have cooperated. As national attention focuses on the need for improved nutrition education and as Congress reacts to that awareness, it is to be expected that there will be competition for available funds and for official authorization for major nutrition education efforts. The result is a confusion of roles, fragmentation of services and a suspicious attitude toward overtures of cooperation. Ultimately the public suffers.

4. Inaccurate and often misleading information about nutrition has been given to the public. Extension's professional staff spends much time trying to correct this problem. This becomes especially frustrating because much of the misinformation is coming from groups funded by federal dollars. Cooperative Extension is better structured and organized to give reliable, current information.

RECOMMENDATIONS

We cannot stop at just identifying the problems. The next step is to make constructive suggestions that can solve problems. A few suggestions are:

1. Increase the funding to agencies that are experienced in nutrition education. Such agencies should have core staff with appropriate training; clear organizational structure in place; a creditable reputation in the community; and a successful track record in delivering nutrition education. The major organization which fits this description is the Cooperative Extension Service. Its sole assigned mission is to serve as the educational arm of the USDA and the land grant college system.

2. Nutrition education should be recognized as a preventive measure which can build and maintain health. Billions of dollars are spent in food subsidy programs which, in effect, feed people only a day at a time. On the other

hand, Congress allocates only 70 million dollars for programs which help people learn how to manage their own food and nutritional needs and in so doing become more independent. We are not down-playing the need for food, itself. But, just as children grow to be self-sufficient through a process of learning by doing, so we should also be teaching people how to choose foods within their budget which will make up a nutritionally balanced and appealing diet. Such education may also help people use their community resources more fully. This type program is a good investment because it brings about long-term changes in people.

3. Carefully monitor the federal allocations to organizations and agencies requesting monies for programs containing food and nutrition components. Be certain that provision is made in the funding plan for competent personnel to maintain quality performance in nutrition related activities.

4. In reassessing the federal role in nutrition education, Congress will naturally consider alternative assignments of responsibility. At least five patterns are obvious. By way of illustrating this I will use our work with low income families through our Expanded Food and Nutrition Education Program and the recent food stamp legistlation which contains a nutrition education outreach section.

Pattern A: The alternative presently in effect, as mandated by Congress, is that one agency (Food and Nutrition Service) provides food subsidies via food stamps to low income persons while Extension, through EFNEP, provides nutrition education to low income audiences. In each case this plan assigns responsibility to programs with the expertise to handle such programs. However, because of inadequate funding, we presently are able to reach only a small percent of the eligible low income population, and many receive no assistance.

Pattern B: Assign both functions to the Extension Service. This is completely inappropriate. Though education is our business, we have extremely limited experience or training in subsidy distribution.

Pattern C: Assign both functions to the Food and Nutrition Service. This option seems equally untenable.

Pattern D: Assign to the Food and Nutrition Service basic responsibility and funding for subsidy and education, but expect the FNS to contract with the Extension Service for the educational work with the food stamp recipients. This plan might be viewed favorably if it could be shown that there is real merit in coordinating both programs through one agency.

Pattern E: Assign to the Food and Nutrition Service basic responsibility for subsidy and education, but expect the FNS to contract with the Extension Service to prepare educational materials and train FNS staff.

The ideal solution must result in benefits to the recipients and the taxpayers as well. Therefore, it is incumbent on the Congress to fund programs with a high cost-effectiveness. To do this it is imperative that they avoid duplication of services entailed when funding a new educational component. It is good strategy to capialize on and to utilize the strengths and abilities existing agencies already have in nutrition education.

In concluding these comments it seems important to repeat that the keynote to all efforts of the Cooperative Extension Service is education. Extending knowledge by providing objective, timely information from USDA and the land-grant colleges throughout the country enables people to make better decisions and to improve the quality of their lives. This is a primary mission of all Extension programs, including nutrition education.

The need for nutrition education is an enormous one. We in Cooperative Extension feel uniquely qualified, because of our long and successful experience, to do a major portion of the work --- but we need increased and more adequate resources. We support cooperation among agencies with much the same goals and concerns, but assigned roles must be clarified. All of us in various agencies are uniquely qualified to do specific things in accomplishing goals of nutrition education. Working together we can create tremendous impact --- separately our accomplishments may be ineffectual and inefficient.

Recognizing Extension's proven ability and experience in education by increasing Extension's funding and specifically designating tasks will enable us to make a greater contribution to the overall effort of improving the public's nutritional status.

Reference [1]: Bendick, Marc, Jr., Toby H. Campbell, D. Lee Bawden & Melvin Jones. April. 1976. Toward Efficiency and Effectiveness in the WIC Delivery System. The Urban Institute.

Action for Boston Community Development, Inc.

Robert M. Coard
Director

Action for Boston Community Development, Inc. is the official, private, non-profit anti-poverty agency for Boston. In its capacity not only as a representative of and advocate for the poor, but also as an agency intimately involved in the network of programs delivering services to the poor, ABCD has had extensive experience in nutrition and nutritional programs.

In the past ABCD, Inc. has operated food cooperatives, emergency food banks, and a food stamp advocacy program. Presently, ABCD is managing several Elderly Congregate Feeding Sites, two Women, Infants and Children (WIC) Supplementary Feeding Programs, twenty-seven Head Start feeding outlets, Egg Buying Clubs, Food Stamp Outreach and Intake, and ABCD has been recently funded to direct an urban vegetable gardening program for the City of Boston.

This broad based experience in Nutritional Programs to benefit the poor has brought to our attention the duplication of effort and the confusion arising from the multiplicity of programs at the Federal level, and we greatly appreciate this opportunity to submit comments, offered to us through the investigation being conducted by your Committee.

The urban low-income diet is based almost exclusively on economics. The low-income family spends approximately 30% of their disposable cash on food, and because this money is limited, the poor tend to buy quantity rather than quality. The resulting diet is high in fats (69¢/lb. hamburger is inexpensive, but approximately 30% fat), low in nutritional content (a two pound loaf of white bread is costs considerably less, than a one pound loaf of whole wheat bread), and supplemented with fast food, and sugar-or salt-filled snacks. The low-income family is not educated by present media resources, or the school system to seek out and understand good dietary practices. Thus, this vital nutrition education is left to television advertisements, which are primarily focused on sweets, breakfast cereals, snacks, and soft drinks.

One of the factors contributing heavily among urban low-income people to the high incidence of infant/maternal morbidity and mortality, heart disease, hypertension, diabetes, tuberculosis, alcoholism, dysentary, and salmonella poisoning is the lack of proper dietary practices. Good food, prepared to retain nutriants, is vital to physical and mental well-being. Without the ability to distinguish nutritious food from "empty" calorie food, and adequate education on food preparation and balanced diet, the cycle of poverty will never be broken, because the bodies and minds of the poor will lack the necessary vitality and well-being for positive action towards upward mobility.

In recognition of these factors, some new Federal programs have been funded for special target groups at nutritional risk, and nutrition education has been emphasized as a program component. Two of these programs - W.I.C. and Head Start - are programs ABCD has administered. One is funded through the U.S. Department of Agriculture and one is funded through the Department of Health, Education and Welfare. For both of these programs, nutrition education materials, although mandated by the rules and regulations, are unavailable, and materials from the Dairy Council and other private and public agencies fill the gaps. Thus, just in these two new nutrition programs, the confusing and erratic administration, the duplication of staff and effort, and the gaps not filled by any federal agency can be recognized.

We have several suggestions for action regarding Nutritional Programs and Nutrition Education:

1. First we would suggest that Nutrition Programs designed to meet the needs of the low-income people be moved out of the U.S. Department of Agriculture.

   The legislative mandate of the U.S.D.A. is to represent, advocate for, and regulate farmers and farm policy. Therefore, if a program designed to serve the food needs of the poor is administered by the U.S.D.A., it automatically becomes a food maintenance program, with no impact on dietary habit changes or the cycle of poverty. It becomes a hand-out, rather than a ladder of upward mobility and improved self-care.

This conflict of interest can even effectually block programs legislated by Congress. We saw this happen when the U.S.D.A. chose not to expend the monies alloted to commence the W.I.C. program. This program, so necessary to public health, only became a reality when Senator McGovern, among others, won a successful court case against the U.S.D.A.

2. Secondly, ABCD suggests that all feeding programs including Food Stamps, W.I.C., Head Start, School Lunch and Breakfast, Elderly Congregate Feeding, Surplus Food, Meals-on-Wheels, etc., be regulated by the same bureaucracy, the same regulations, and the same forms.

   This would mean that a low-income person could walk into one office, fill out one form, and if approved, receive the benefits of every feeding program which applies to their particular situation. Also, at this site the nutritionists associated with each of these programs could be available to each other, to their clients for personal nutritional counseling, and for congregate nutrition education for all ages.

3. Nutrition Education should be based on education concerning total physical well-being.

   Rather than basing Nutrition Education on the four food groups and balanced diet alone, this education should be based on body functions, body requirements from foods and how a body utilizes the nutrients for total health. Thus, the need for proper diet becomes evident and more desirable.

4. Ten (10) dollars per year per food program participant should be allocated to each grantee for nutrition education alone.

For example, in the ABCD Head Start Program there are 1,500 children participating. For each child, $10.00 should be allocated for nutrition education, to complement the present $150,000 food budget. Otherwise these programs just deliver food, the nutrition staff time is completely absorbed in administration and management, and basic dietary habits remain unchanged.

5. Food and Nutrition Education Programs designated to impact on the lives of the poor should be legislatively mandated to Community Action Agencies (CAA's).

The CAA's are an Urban-Rural Network of community based organizations which have been serving the needs of the poor in Housing, Food, Employment, Education, Training, Social Services, and Early Childhood Development for almost fifteen years. These programs have shown an impact of demonstrated effectiveness, and therefore CAA's are the appropriate service delivery agency to meet the food needs of low-income people nationwide.

ES
Elder Services of Cape Cod and the Islands, Inc.
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November 16, 1977

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Mr. Fred Richmond, Chairman
Subcommittee on Domestic
Marketing, Consumer Relations
and Nutrition
Room 1301
Longworth House Office Bldg.
Washington, D.C. 20515

Dear Mr. Richmond:

Thank you for the opportunity to submit comments for the inclusion in the formal record of hearings on how the government can assist in providing efficient and effective nutrition education. The following are some suggestions:

1. Continue the Senate Select Committee on Nutrition and Human Needs. This committee has been a substantial advocate for nutrition education for all ages and income levels. It has brought forward issues with resulting legislative recommendations. It has won respect and engendered hope in many areas long neglected.

2. Pass legislation that will provide home-delivered meals and nutrition education supportive services to the home-bound elderly. The home-bound elderly are only served to a small degree by the Title VII Nutrition Program for the Elderly. Many home-bound elderly have restricted diets, and frequently are unable to comprehend these diets. Food modifications due to their illnesses require special methods of cooking and special combinations of items. Nutrition education can ward off some of the pscyological hurt in giving up life-time food favorites.

3. Increase funding for the Title VII congregate nutrition program for the elderly so that more elders receive good meals with nutrition education and shopping assistance that enables the elderly to eat a balanced diet and save money on shopping. In most cases free transportation is provided to grocery stores.

Area Agency on Aging
serving the elderly of Barnstable, Dukes, and Nantucket Counties.
NUTRITION · TRANSPORTATION · HOMEMAKER · CHORE · HOUSING ASSISTANCE · LEGAL ASSISTANCE

4. Provide adequate funds via the Senate Nutrition Committee (or the Department of Agriculture's subcommittee on Nutrition) to investigate appropriate methods of providing nutrition education, to develop materials to be used by agencies mandated to provide nutrition education. In the case of the nutrition program for the elderly, few materials are available suitable to elderly programs. Elementary age material abounds but is not appropriate for the elderly. (The elderly do not want to revise their eating habits. Meaningful information on nutrition must be vital, appropriate, appealing, inviting and presented with authority.) Lists of resource materials for elderly exist; however in pursuing those resources one finds pamphlets out of print or receives the name of an alternate source. In trying to locate one film, I wrote four different sources. Trainers in workshops can get a film, but it is not available to grass roots programs. Films, slides, and audio-visual material are expensive. Extensive administrative time is spent tracking down these sources and learning how to teach nutrition. We need adequate tools.

5. Provide public forums on nutrition and diet so that the public is forced to face the poor quality diets that are today's norm. While the discussion on sacchrine, sugar, beef, eggs and additives elicit immediate and forceful response from the food industry, the public's knowledge has increased. All sides of food issues should be heard. Educators, researchers, nutrition advocates, industry representatives and farmers need to air their opinions together in public panels so that the issues facing each can be considered. The misinformation that is fostered by one group must be counterbalanced so that a true picture is presented. Whether or not the public can make up its mind on a particular issue is only part of the reason for open debate. The various hearings open minds and at least begin a questioning process; the questions raised must be dealt with in nutrition education programs, and interest continued. The public must know that what they eat is their choice, and not give up the responsibility to feed themselves well.

6. Provide health education about the diet related diseases, such as coronary heart disease, hypertension, diabetes, diverticulosis, and bowel cancer. The results of too much fat, sugar, salt and refined foods must be made known. The office of Health Information and Promotion should be strengthened.

7. Include a nutrition curriculum from kindergarten through high school that makes nutrition relevant to growth, health, raising crops, trading with other countries, with historical and foreign aspects. Just as math, science, physical education, history, etc. is woven into classwork, nutrition should be included at each grade level as a requirement--not only as a bonus project by an inspired teacher.

8. Combat advertising of junk food, especially directed at children. Teen agers and elderly are shown to be especially swayed by advertising also. The sugary cereals, sodas and candy commercials must be eliminated completely. The alternative--having government-sponsored equal time for nutrition focused advertising--is too costly. Studies show how ingrained early eating habits are, so good habits must start early. Poor nutrition in early years affects growth and health for the rest of a lifetime. Obese children will have extended fat deposits for the rest of their life. Food industry advertising must change to encourage people to eat nourishing food.

9. Continue labeling and ingredient listings on packaging. Ensure unit pricing in readable signs. Restrict shelving and spacing of junk food items. Restrict advertising that promotes prizes and send-aways especially on cereal boxes.

10. Provide student assistantships for students in nutrition so that students will be encouraged to pursue this field. Provide funds for nutrition institutes, such as the Tufts new nutrition institute that will train students to best advantage. Provide internships so that students will get training in the programs where they are needed and be better prepared for employment upon graduation. Students can provide a minimum level of help in programs mandated to provide nutrition education. Most elderly nutrition programs are unable to fund such positions or unwilling to take funds away from direct services for such positions.

Some nutrition education has been valuable and thus proves that it is possible to provide effective nutrition education with the enthusiasm of a dedicated professional, appropriate materials, and with a group of people open to learning. These three are all possible with professional staffing, attractive visual aides, and an awakened public.

Sincerely,

Bernita L Grogan

Bernita L. Grogan
Nutrition Project Director

GLSS GREATER LYNN SENIOR SERVICES, INC.
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November 17, 1977

Rep. Fred Richmond
Chairman
Subcommittee on Domestic Marketing,
Consumer Relations and Nutrition
Room 1301
Longworth House Office Building
Washington, D.C. 20515

Dear Representative Richmond,

Thank you for presenting an opportunity to give input concerning nutrition education to the members of your subcommittee. I shall confine the scope of my comments to that of nutrition education of the elderly.

From my observation and experience most of the elderly groups are not extensively interested in the topic of nutrition education as such. This is not to say that they shouldn't be---rather to state that they aren't.

In my concern with nutrition education as desired by Title VII I've tried various avenues---talks, posters, flyers, news articles, etc. I don't think it takes.

However, one experience of July, August and September, 1977 was an exception. It may be helpful to relate the procedure.

We arranged with the dietitian consultant to run a workshop for volunteers and while focusing primarily on nutrition education arranged for workshop participants to see nutrition in a related context to the whole aging process. (I've enclosed a flyer on the workshop content).

Then we set our volunteers "loose"---that is we introduced each one individually to approximately 8 Title VII Home-delivered meals participants. These latter were appreciative of "shopping assistance"; aid to prepare an "emergency shelf" and accepted friendly tips on nutritional snacking. Some of the results can be indicated numerically: for example, in the 12 week period 118 persons were given specific assistance in the areas previously indicated.

From the point of view of coordination of services with Title XX the program had particularly outstanding results. For clients already receiving homemaker services, hours could be reduced because the volunteer could manage the type of aid needed--e.g. shopping assistance. Also, in regard to new referrals to Title XX when the tasks needed could be done by a volunteer we were able to eliminate any Title XX involvement. This, of course, kept open a homemaker possibility for someone else. This approach allowed for a wider spread of Title XX monies.

Instances of individual benefit, in ways other than the direct service performed, abound. For example, a specific home delivered meals' participant was in a state of depression--found it difficult to socialise, etc. The volunteer visits caused her spirits to improve: the depression became markedly less.

25 EXCHANGE STREET LYNN, MA 01901 617/599-0110

The monitoring effect of the volunteers was also observed not only in reference to the home delivered meals but also as concerns homemaker activity. Comments were passed to the Title XX Intake Supervisor who was often able to make the necessary adjustment.

Other services also resulted from Volunteer activity--for example persons eligible for the Fuel Adjustment subsidy were identified, informed and aided in the application process.

Perhaps too, the inclusion of some notes made in the volunteer logs will carry their names: 1) "took--------------to Salem Willows and he told me it was 10 years since he was there last"; 2) "took-----------to Rich's and First National for sale items and food order. She would like help on her fuel bill if possible"; 3) "took---------------to nursing home and back after visiting his wife."

A side effect of this education has been the positive effect it has had on the volunteers as well as the participants in the direct service.

It is this type of individualized contact that can produce results. We had to discontinue this program as stipends for volunteers came to an end in September, 1977.

Perhaps your committee could consider this type of approach: A professional teaches a group: members of the group are put in contact with those whose eating habits need improvement; relationships are formed; it is these relationships which further their choice of behavioral change which could result in awareness of good nutrition.

Sincerely yours,

Sister Julie Kelley

Sister Julie Kelley
Nutrition Director

JK/f
Enc.

Statement of Edith A. Syrjala, Executive Director, New England Dairy and Food Council

During the past 57 years, New England Dairy and Food Council has been providing teachers, as well as health professionals, consumers and the media with nutrition education materials and creative teaching techniques. New England Dairy and Food Council is an affiliated unit of National Dairy Council, headquartered in Rosemont, Illinois. We serve a population of 10½ million in Massachusetts, Rhode Island, New Hampshire and Connecticut. Our staff of 22 nutrition education consultants are Registered Dietitians, Nutritionists, and Home Economists.

Previous testimony from Dr. Mary Hughes, National Dairy Council to the Committee related the findings of the Needs Assessment Study in nutrition education initiated by National Dairy Council and carried by the University of Chicago and the subsequent development of Dairy Council's sequentialized nutrition education curriculum, "Food...Your Choice." We would like to support that testimony.

We would urge you to recommend:

1. Adoption of "Food...Your Choice" as a model nutrition education curriculum. National Dairy Council in cooperation with many of the nation's leading experts in nutrition and education, has developed "Food...Your Choice," a nutrition learning system, which is designed to meet the need to teach sequentialized nutrition education within the existing school curriculum. "Food... Your Choice" is based on the recommendations which came out of the White House Conference on Food, Nutrition and Health, chaired by Dr. Jean Mayer. The first three levels of the curriculum, for children in kindergarten through grade six, have been and are currently being offered to teachers. It would be logical to consider this as a model for implementation in the nation's elementary schools.

   Note: There are 50,000 elementary teachers in Massachusetts, Rhode Island, Connecticut and New Hampshire. Our goal is to reach 10,000 teachers with "Food...Your Choice" annually over the next five years. We are on schedule for this projection.

2. Provision of a realistic funding base for effective instructional expenditures. Administrators interviewed during the Needs Assessment Study indicated $2.3 per pupil would be needed to start a nutrition education program. Federal funds can be used to pay for "Food...Your Choice" curriculum material.
3. Priority be given to training in nutrition education for elementary and secondary teachers so they will know how to effectively teach their students meaningful life-related nutrition experiences.
4. Qualified nutrition educators work at the federal level to:
    - a. Coordinate the efforts at the state level in linking nutrition education into the school-funding programs. Each child feeding program needs to have defined nutritional goals as well as nutrition education objectives. Presently the school lunch program is the only one with a stated nutrional goal to meet the nutrient requirement of 1/3 the Recommended Dietary Allowance.
    - b. Link nutrition education to the health problems in our society and the health services in the schools.
    - c. Organization and use of the nutrition resources presently available nationally and locally. The U.S. Government does not need to spend more money to re-develop effective nutrition education programs already in existence. Most specifically we would urge you to adopt "Food...Your Choice" as a model nutrition education program for the nation's schools.

Our four recommendations emphasize coordination and the avoidance of duplication of effort. We believe by sharing existing resources, research and personnel, together, we can effectively provide for the nutrition well-being of the United States population.

NUTRITION & HEALTH ASSOCIATES

November 7, 1977

U.S. House of Representatives
Subcommittee on Domestic Marketing,
Consumer Relations and Nutrition
Faneuil Hall
Boston, Mass.

Dear Committee:

Although we are disappointed at not having had the opportunity to testify at todays hearings, we decided to write up our comments and suggestions on what we believe the Subcommittee and the USDA can do to stimulate the progress of nutrition education in the U.S. We are particularly concerned that the ordinary consumer lacks sufficient information and access to information necessary to make informed and healthful food choices.

We believe that it is the responsibility of the Department of Agriculture to provide such information. In the pages that follow, we have outlined our suggestions for improving nutrition education materials that are now produced by USDA. We have emphasized the value and importance of presenting complete nutritional information. Of course we recognise that the USDA alone cannot stem the tide of nutritional misinformation or partial information being promulgated in the U.S. today, but we strongly encourage it to take decisive steps.

We support the holding of hearings such as todays and hope to remain informed on steps taken in the area of nutrition education for the average consumer. If we can be of further assistance, please contact us at 5 St. William St. Boston, Ma. 02125 or at 617-265-5507.

Sincerely,

Patricia B. Brennan

Patricia B. Brennan for the
Steering Committee

NUTRITION & HEALTH ASSOCIATES

A Report Prepared for the Hearings on Nutrition Education

November 7, 1977
for the
Subcommittee on Domestic Marketing, Consumer Relations
and Nutrition of
USDA

We are concerned that the present level of nutrition knowledge in the general population is low. We are speaking not only of basic knowledge, which includes knowing what foods are protein foods or knowing that one should have 3-4 servings of fruits and vegetables a day, but also of consumer knowledge on nutrition. This means knowledge that will aid the consumer in making decisions like - what is a better nutritional and economic buy in the long run, orange juice or Tang?

A great proportion, if not a major portion of the nutrition information which the consumer receives is via food advertising - mainly television. The purpose of this advertising is naturally to sell a certain product and not necessarily to give complete nutrition information, although a number of companies have made sincere efforts to communicate some nutrition information. However, most of the information the consumer receives via advertising is confusing and may lead to inaccurate assumptions. Often it concentrates on information that is not primary and which clouds more important issues. Thus, consumers are often unaware of the nutritional implications of their food choices.

For example, when comparing orange juice with Tang or other highly fortified and sugary juice substitutes, the significant nutrition issues are the sugar content of the juice options, the number of additives, and the high price paid for the equivalent of a vitamin C pill. There is no place that most consumers can learn about these nutritional issues, although they are important in making informed food choices. Who is responsible for seeing that the consumer has adequate information readily available so that informed decisions can be made?

Since the government has had a long term committment to the health of its population and because food buying practices of the consumer have many implications and effects on the health of the population , it is important that the government assure the availability of information to aid consumers in making food choices to benefit their well-being.

The governemnt has the responsibility to identify important nutrition issues for the consumer and supply complete information in situations where partial information has been disseminated by the various media or by food advertising.

One of the ways the USDA could take the lead in nutrition education would be to set up a Committee that is responsible for the co-ordination and distribution of all nutrition education materials within its domain. It is appropriate for the USDA to do this since it already has a large committment to nutrition education in such programs as agricultural extension, school lunch, WIC, food stamps etc. This Co-ordination Committee, working with the various USDA nutrition programs would produce all needed nutrition education materials. The setting up of such a Committee could result in:

1. a decrease in the duplication of work
2. a more consistent message for all groups within USDA
3. the development of a general nutrition policy statement that would be part of all nutrition education material

We suggest that all material produced by such a Committee should also:

1. support the Dietary Goals of the McGovern Committee
2. represent nutrition as preventative medicine to encourage good nutrition habits as they relate to disease and health concerns of the population
3. identify areas of nutrition controversy and prepare consumer material to represent both the pros and cons of these issues

We are aware that even the so called nutrition experts have different positions on many controversial topics. Therefore, we propose that the committee that would deal with such issues should consist of representatives of the food industry, farmers, food distributors, consumers, health professionals and nutritionists in order to guarantee a balanced presentation of the pros and cons. With this information, the consumer will then be able to make more informed and responsible decisions on food choices.

We support the continued effort of the USDA to provide nutrition education materials indicative of its committment to the better health of the American population and feel that the co-ordination and policy development mentioned above will strengthen that nutrition education effort. However, the coordination and development of this material is of little value without a concomitant committment to the widespread distribution of its written and visual material. Given the overwhelming number of messages reaching the consumer which do not reinforce the dietary goals or other health objectives, we believe that the most effective response will be distribution of materials via saturation advertising in the mass media. Only in this way can we effectively represent the other side of the issue - food choices and their relationship to health.

Margo Woods
Patricia Brennan
Peg McConnell
Barbara Benjamin

Statement of Kailash Ahuja, Nutritionist, Project FEAD

My name is Kay Ahuja. I am the Nutritionist for the Food Emergency Action Development Project, a Statewide advocacy group to increase awareness of and participation in federally funded food programs.

My area of concern here, today, is nutrition education. We have progressed in several areas of Foods and Nutrition......such as nutrition research, agriculture and food technology; but we lag behind in the field of nutrition education and communication with lay people. Unfortunately, our methods and/or techniques of nutrition education are obsolete and do not respond to the needs of the present.

People today are in the habit of watching television for several hours a day, and their food-buying patterns are affected by T.V. commercials. Yet, there is no nutrition education done on mass media to promote comparative buying, how to stretch the food dollar and what nutritious foods to include in the daily diet to promote better nutrition among people.

Even though we know that dental caries, obesity, diabetes, atherosclerosis and coronary disease, diverticulitis, anemias and various nutritient-deficiency diseases are linked with diet; yet, we provide no information on the relationship between health and diet on mass media through which a good percentage of the population can benefit all over the nation. A ten-state nutrition survey, the most up-to-date U.S.D.A. household food consumption survey and several other studies indicate that the diet of American people lacks in vitamin A, Vitamin C, iron and calcium, and also, the consumption of milk, juices, fruits and vegetables are low, whereas the consumption of soft drinks and high calorie, nonnutritious, sugared snacks is up. This information needs to be passed to the people on mass media, and the suggestion on how to make improvements in their dietary patterns.

The provision in the Food Stamp Act of 1977 to expand U.S.D.A.'s Expanded Food and Nutrition Education Program (EFNEP) will not accomplish anything more than what its accomplishment is today. According to a report on the "Role of the Federal Government in Nutrition Education", a study prepared by the Congressional Research Service, it is estimated by the U.S.D.A. that approximately 80 percent of the eligible population is not being reached by the Expanded Food and Nutrition Education Program; whereas 50.6 million dollars were obligated for this program in the fiscal year 1976. I request U.S.D.A. that rather than expanding EFNEP, it should spend those additional dollars on nutrition education programs on mass media, such as producing one-half to one minute commercials and a few 15-minute ongoing panel sessions on issues of a relationship of health and diet to encourage the purchase of nutritious foods.

The Congressional intent in the displaying of nutrition posters and the availability of pamphlets on nutrition at the Food Stamp offices is a great idea. But along with this, if Extended Food and Nutrition Education program aides could work out of these offices and be available to people for budget counseling and for the food demonstrations, then it could be more beneficial for the people, because just the display of posters and the availability of pamphlets alone does not assure that people will read them and understand the information. U.S.D.A. does have an enormous number of educational pamphlets, but unfortunately, the information that these pamphlets contain does not reach people.

As far as the need for the nutrition education is concerned, it is needed now more than ever before because of the elimination of the purchase requirement:

(1) Because the amount that households used to spend on the purchase of the food stamps is still on their hands, and some of the households might require budget counseling and motivation to spend those dollars on food.

(2) Secondly, millions of new people will come on the program, and this is the best opportunity we have to explain to them what food stamps are all about and how they should be used to purchase nutritious foods to improve the nutrition of their families. Since it is evident from several studies that people make wrong choices not necessarily because of lack of economic resources but because of lack of education.

Thank you.

Susan Cavanagh
42 Raymond Avenue
Holyoke, Mass. 01040
November 22, 1977

Mr. Fred Richmond
House Agricultural Committee Office
1301 Longworth House Office Building
Washington, D. C. 20515
Dear Mr. Richmond:

Having attended the public hearing in Boston's Faneuil Hall on November 7 by the House Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition, I wish to submit my viewpoint as a public school teacher in Massachusetts in the area of home economics, including nutrition education.

Presented at the hearing and very well documented by Dr. Mark Hegsted and Dr. Jonathan Fielding was the relationship between diet and disease, espeically heart disease, obesity and dental caries. Those attending the hearing were also impressed with the fact that large sums of federal money were directed toward nutrition programs including WIC program and the school lunch program, as well as the government publications. Unfortuneately, these programs are often unsuccessful at reaching the public for numerous reasons including the difficulty of contacting people in their neighborhoods and educating the public as to the importance of dietary habits. Ms. Peggy Charren who represented Action for Children's TV pointed out the important role, however negative, that television has played in educating children nutritionally.

Considering all these factors, it would appear that the public schools could play an important role in education of of nutrition information. The public school systems have access to a majority of young people and have the facilities to educate them. Unfortuneatly, in many school systems, programs which traditionally include nutrition education like the home economics program are often eliminated when funds or budgets become limited. Too often subjects like physical education and home economics are cut so that the basic subjects aren't, and it is this basic value system that works against strong nutrition education. Nutrition education is vital to our health and well being, it always will be, so it would seem to be a wise move to make nutrition education a mandatory subject, a subject required for graduation from high school, a class that should be incorperated into curriculum in elementary schools where students begin to develop their eating habits.

It would also seem advantageous to direct funding toward the development of new materials that would be educating the public toward the new dietary goals that were discussed by Dr. Jean Mayer. It is important, to develop creative educational material that can compete with the bombardment by the mass media to attract the attention of the public and especially the youth.

I am interested in the outcome of these hearings and would like to express my appreciation at being given the notification of the hearing in Boston.

Sincerely,

Susan B. Cavanagh

Susan B. Cavanagh

23 Neillian Way
Bedford, MA. 01730
November 20, 1977

Fred Richmond, Chairman
Subcommittee on Domestic
Marketing, Consumer Relations,
and Nutrition
U.S. House of Representatives
Room 1301, Longworth House Office Bldg.
Washington, D.C. 20515

Dear Chairman Richmond:

Thank you for your letter of November 2. After working in the field of nutrition education for eleven years, I believe that, on a community level, the surest way of reaching people with education in nutrition is via radio and television. While the conscientious indifidual might attend courses, workshops, and read leaflets or messages printed on grocery bags, a great many may not put forth the effort to do so. However, I have heard clients and co-workers alike enthusiastically discuss educational information which they have gained from radio and television.

Therefore, I suggest that the Federal Government present nutrition information via radio and television on a regular basis. Perhaps, the Cooperative Extension Service of the United States Department of Agriculture might extend its current efforts in this direction. Subject matter is infinite and could deal with general information on food labeling and "what nutrients are" to the metabolism of specific nutrients and their relation to one's well-being.

Each presentation could be followed by a simple quiz so that one might test his knowledge and correct any misunderstandings.

In order to be effective, however, I believe that the programming should be as regular as the Six O'Clock News--something one can count upon and integrate into a habit. Forexample, a co-worker tells me that he actually feels uncomfortable if he misses the evening news on television. If his watching the news has become a habit, perhaps his attending to a half-hour nutrition-related program could become a habit too.

Very truly yours,
Judith K. Donovan
(Mrs.) Judith K. Donovan, R.D.

Statement of Barbara Kapinos, East Longmeadow, Mass.

HOW THE FEDERAL GOVERNMENT CAN ASSIST IN PROVIDING EFFICIENT AND EFFECTIVE NUTRITION EDUCATION AT THE COMMUNITY LEVEL.

The Federal government should the methods commercial companies use to sell their products.

Find out from psychologists and sociologists what is important to various segments of the population and gear the nutrition selling campaign to those interests.

Don't try to shove good nutrition down people's throat as though it were a medicine that is good for them although not necessariuly palatable.

Anyone will pay closer attention to something if it meets a need for him at that point in his life.

Some examples of special interests of different subdivisions follow:

1) Teenagers - very concerned about appearance and popularity with peers of both sexes.
2) Pregnant women - vitally interested in health of expected child.
3) Parents of growing children - would like to provide a home atmosphere that will promote good physical health and also encourage family congeniality.
4) Working mothers - need food that can be preapred in a short time but would like it to have some individuality and not be too expensive.
5) Individuals who live alone - need food in small units which will not require too much preparation but offers some variety.

Having identified some of the special interest segments of the population the next step is to find ways of reaching them selectively at the time and place most likely to cause them to learn something about good nutrition,to use this knowledge.

1)to use on of the previously mentioned examples - teenagers, nearly all of them take science and home economic s at least one course. They also universally watch television. Both of these media should be used to influence them to practice good nutrition. In school the values of good nutrition to improve looks, pep, and physical strength should be pointed out. Boys on teams could have training tables featuring well balanced meals. Girls trying to lose excess weight could use a basic nutritional meal pattern as a minimum day's meals. The school paper could publish menus of these special groups. Federally run workshops for teachers could get their cooperation and input to lead such programs. Ads on TV aimed at teen agers would reach most of them at the time between 3:30 and 5:30.

2) Classes run by the Red Cross and maternity hospitals regularly reach many pregnant women. Programs for unwed mothers readh others. The Federal government could supply these groups with reliable, usable nutrition education materials for the mother, and the child which is about to be born. If there is a language problem it could be offered in Spanish as well as English. Clinics for child care could continue to offer, nutrition guides and practical ways to implement them - such as sample meals for mothers to see and try.

3) Grocery stores could use their effective advertising power to promote the idea of eating home served meals. Since this could also help to sell more foods in their stores they should be happy to cooperate. Suggested menus using some of the weekly specials would help families to plan well balanced meals. Recipes could be included if foods were unfamiliar. For stores that do not have nutritionists the Federal government could have an information number which they could consult. Some of their TV ads could mention that the family that eats together regularly shares more pleasure and has an opportunity to help solve any problems together in a relaxed atmosphere. Dinner table family conversation can also be instructive to children and can prevent barriers between generations. Entertaining friends at home is more personal and less expensive. The Federal government could have spot TV discussions on this themselves to supplemtnt the stores' endeavors. The government can give information on which foods are seasonal and suggest ways of using such foods in a menu. Newspapers could have contests for new ways of serving seasonal foods. Clubs are often looking for programs. The Federal government could offer such programs - Demonstrations of food preparation and opportunities to taste the results would be popular. (Stay away from sweets) Latest nutrition information could be included in the programs.

4) Federal government could encourage working people who have little time to prepare foods to "treat themselves right" by radio ads such as Geritol runs. Then suggest some meals which could be easily prepared. They could be either partially processes, all in one pan, or using a micro wave oven. Radio ads at about the time the average local firms get out would reach many as they drive home and listen to their car radios.

5) Community lunch programs could be sponsored by the Federal government in places which do not run their own. These serve elderly people who might not get a hot balanced meal otherwise. An occasional nutrition program before or after the meal could give them suggestions for preparing single serving meals.

For people who are seeking nutrition information the Federal government could have an answering column in newspapers to respond to questions that are sent in - could be a nationally syndicated column a la Ann Landers.

A poll of peoples' eating habits with an analysis pointing out deficiences could be conducted and the results published - breaking it down by age groups and geopgrahical regions to make it strike home to individuals. Relate the deficiencies to peoples' health.

Health insurance groups are desirous of prolonging life. The Federal government could keep them up-to-date on nutrianal researdh. They publish it and give it out free as a public service.

Since many physicians give advice on nutrition but have studied very little about it, the Federal government could strongly recommend that nutrition be a required course in medical schools and that some work be done periodically by physicians to assure that their nutritional knowledge is current and accurate. If money is an obstacle perhaps a Federal grant to pay for a Nutrition professor initially might get the program started.

No one program will reach everyone but by continually reaching out and evaluating the effectiveness of each trial program progress will be made.

Submitted by Barbara Kapinos
192 Hampden Rd.
East Longmeadow, Ma. 01028

November 22, 1977